

# THE MEDICAL AND SURGICAL REPORTER

No. 1614.

PHILADELPHIA, FEBRUARY 4, 1888. VOL. LVIII.—No. 5.

## CLINICAL LECTURE.

### ON COLD ABSCESES.

BY PROFESSOR TERRILLON,  
SURGEON TO THE SALPETRIERE, PARIS, FRANCE.

(Translated by E. P. HURD, M.D.)

*Gentlemen:*—We shall take up to-day the study of an affection which you will frequently have occasion to meet in practice, and the treatment of which has made such important advances the past few years; I allude to cold abscesses.

Cold abscesses, as you know, comprise two great varieties: the *cold abscesses* properly so called, due ordinarily to a *local tuberculosis* of the cellular tissue; and the *ossifluent abscesses*, having their origin in a disease of the bone, which is almost always of tuberculous nature. The first variety will now claim our attention.

You have recently had an opportunity of observing in our wards a remarkable example of cold abscess in one of our patients, a female, aged sixty years, and for the past two years or so very feeble. This woman presented at the inferior and external part of the forearm a small rounded tumor, quite firm and resistant at first, which insensibly increased in size, and by degrees softened so as to manifest a very evident fluctuation. All this took place without apparent inflammation, without pain; the patient experienced hardly any impediment in the movements of the wrist and thumb. For a long time outward applications of tincture of iodine were made, but to no purpose. Resolution was not obtained; the same condition of things continued for several months without change. Latterly, however, whether

under the influence of traumatism, or some other cause not apparent, the little tumor has been the seat of a slight inflammatory flushing.

It was under such conditions that the patient was first treated. When fluctuation was detected, a puncture was at once made in the tumor, that the nature of its contents might be ascertained; and then, by a narrow incision, the flow of pus was favored. Every day we practiced carbolic injections into the cavity of the abscess, without effecting a cure. This absence of result, despite the treatment employed, should not surprise you. We shall find in the very constitution of the abscess the cause of this want of success.

In fact, if you examine the walls you will see that the cavity is limited by a thick indurated tissue, and that, notwithstanding the previous treatment, there remain two fistulæ through which flows a yellowish, sero-purulent liquid. The peripheral swelling does not tend at all to disappear. Moreover, the local examination still shows an elongated and hard tumefaction over the radius which completely masks the subjacent bone. Pressure causes a serous pus to ooze forth.

In view of these phenomena, we may advance two hypotheses: either we have to do with a cold ossifluent abscess, or else the underlying bone is sound, and what we really have to contend with is a simple cold abscess, or, more strictly speaking, a local, suppurating tuberculosis.

To elucidate the nature of the lesion, and to enable me to act more energetically on this local disease, I made a large incision, and through this free opening I was able to explore the cavity. I have shown you that it was lined with fungous vegetations, of gelatiniform aspect, but slightly vascular, and easy to destroy by scraping. Below the abscess sac the bone was found with its periosteum

intact; everywhere, however, at the bottom of the cavity, and in the *culs-de-sac* connected therewith, the finger moved back and forth over a thickened oedematous membrane, of fibrous aspect; finally, all around, the tissues were indurated. Note, moreover, that the abscess was situated between the skin and the deep, much thickened aponeurosis; that the tendon of the palmaris longus, smooth and intact, traversed it throughout its whole length. After having opened this abscess, I removed the fungosities with a curette. I cleaned out the entire cavity, so as to expose the fibrous and whitish envelop of the sac; then I stuffed it with iodoform gauze, and surrounded the whole with a layer of absorbent cotton.

From all this, bear well in mind the mode of evolution of this tumor: first, the appearance of a tumefaction over the inferior extremity of the radius; a little later, softening of the tumor and fluctuation; then, after an insufficient opening, the production of two fistulæ, and thereupon the discovery of the fungosities lining the sac and keeping up the suppuration. Such is the ordinary evolution of cold abscesses.

Let us now study, more in detail, their anatomical characters. The histological examination of the walls shows that there has been going on in them an alteration of a quite special nature. On section of the wall, we see that it is constituted of three distinct layers: there is first the internal surface, uneven, rough, studded with anfractuosités and fungosities; little fragments become detached and fall off into the interior of the cavity and mingle with the pus which is there. This first layer is easily destroyed by scraping. It is not so with the second layer, which is composed of embryonal cells; it is more solid and resistant. The third layer is formed of a still firmer membrane, constituting a solid zone; this is the limiting membrane.

Histological examination shows the walls to be infiltrated with tubercles. In fact, upon the internal layer we find an accumulation of embryonal elements which have become caseous and surround the giant-cell, which is characterized by its multiple nuclei and the irregularity of its prolongations; and here and there we observe the capillaries obliterated. The middle layer is infiltrated with embryonal tubercles; that is to say, with little microscopic nodules, the centre of which is occupied by a giant cell, and around which are massed embryonal cells; more externally, larger cells, called epithelioid cells, complete the tubercle nodosity. These corpuscles are sep-

arated from each other by an infiltration of embryonal cells, and present themselves under the form of little round nodules, either apart or running together. Virchow has also shown that a certain number of tubercle nodules exist without the giant cell. These two layers, which I have here considered separately for facility of description, are not in reality as distinct as I have represented them; but are intimately blended. The interior of the sac is at first organized; but, by reason of the caseification of the tubercles and of their disaggregation, it undergoes softening, falls into detritus, and little by little the work of destruction invades the successive layers, and the cavity of the abscess augments.

The most external layer of the cold abscess is constituted by heaps of embryonal cells agglutinated together, but without any organization, and studded here and there with tubercle nodules. It is not rare, in this variety of abscess, to meet with anfractuosités and prolongations of the principal cavity under the form of secondary pockets (*boyaux*), which present the most varied forms and the most complex ramifications. From a clinical point of view, these prolongations have a capital importance: they explain the difficulty of cure, for they constitute just so many secondary foci which become the point of departure of new tuberculous outputs, and, consequently, of new cold abscesses.

Let us now study the relations of these abscesses with the tissues in the neighborhood. In many cases the sac is easily separable; it may be shelled out when it is quite limited, especially at the start. Later, however, are developed those prolongations of which I have spoken, which invade the muscles and tendinous sheaths. These render enucleation impossible. In other cases you will find large partitioned chambers, due to the fact that these secondary prolongations of the sac have spread and undergone development at the same time that their communication with the sac by degrees has become larger. You must then expect to find the greatest variety in the configurations of these abscesses.

As for the contents of these abscesses, these ordinarily consist of thin diffuent pus, which is almost of the nature of serum, mingled often with flaky particles formed of the detritus of the internal surface, and floating in the liquid. These flaky particles explain the difficulty which one has in evacuating these abscesses by aspiration, even though a large-sized trocar needle be employed.

The contents of these abscesses are always subjected to a high degree of tension; hence they escape with violence at the moment of incision of the walls.

If the liquid diminishes in quantity and tends to disappear at the same time that the solid elements are very abundant, we observe a variety described under the name of *caseous abscess*, the cavity of which is filled by a whitish mass, more or less thick. Lastly, in very old abscesses, there may take place a slow absorption of the solid elements; the liquid part, on the other hand, accumulates; and when these abscesses are opened, there escapes a clear liquid, sometimes charged with cholesterine. These are the cold abscesses which had undergone transformation into cysts.

You see, gentlemen, by all these details, that the appearances under which cold abscesses present themselves are multiple. It is always in reality the same affection, but the processes of evolution may be different.

Such were the most exact notions which histological examination furnished us concerning the structure of these abscesses, when a recent discovery showed us another characteristic element, having a still greater value. In the first of these abscesses, in the fungosities which line them, and even in the substance of their walls, you will always meet with the bacilli characteristic of the disease (Koch's bacillus). A careful examination, practiced after staining the elements, enables one easily to recognize these special microbes under the form of little rods. They are often difficult of discovery, and numerous preparations may be necessary to bring them well out; yet it is rare that they cannot be found, especially when sought for in fresh preparations of the fungosities of the internal surface. I have, however, seen cases where the most patient and the most minute researches have not disclosed the characteristic bacilli, first described by Robert Koch.

In this event, gentlemen, we have another criterion, which is still more absolute than the preceding, namely, the proof furnished by inoculation. You introduce into the cellular tissue, or, better still, into the peritoneal cavity of a hare, a few drops of pus, or a portion of a fungosity; soon afterward you see develop a general tuberculosis which is certain to kill the animal. This inoculation test unfortunately demands quite a long time, one, two or three months, before furnishing the proof required; but it is ordinarily very conclusive, and when the results are positive, it may be regarded as well-nigh infallible.

We shall see, when we come to treatment, what rôle is to be ascribed to those bacilli which are the real source of the disease, and alone capable of perpetuating it. We shall see that it suffices to destroy them or prevent their development, if we would arrest the course of the local disease and effect a sure cure. Now that you know the anatomical constitution of cold abscesses, I shall describe their clinical evolution. At the start, they present themselves under the form of tumors, sometimes very superficial, bunched or rounded. When they are of small dimensions they do not give any fluctuation. This variety is designated under the name of *scrofulous gummata*. At the end of several weeks, sometimes of several months, you may discover at the centre a point of fluctuation. In such cases, the growth is ordinarily slow, progressive, and takes place without provoking any pain. When the abscess undergoes softening, the skin may become perforated, and there is seen to issue by a fistulous orifice a sanious pus, charged with detritus and clotty lumps. Sometimes the termination is different; there is an absorption of the various elements of the abscess, and the cure is effected spontaneously, but this rarely happens. After opening of the abscess, when there is no longer any tension in the sac, there is no longer any tendency to extension of the lesions, but the internal surface of the abscess cavity is irritated, and the fungosities become more abundant and more voluminous. These prevent the coming together of the walls; they sometimes protrude through the fistulous orifices which continually give issue to a purulent oozing. These fungosities are but slightly adherent; they readily yield to the curette, but they invade the entire cavity of the abscess, and even its prolongations.

Despite the name of cold abscess, applied to these swellings, when their course is rapid, there may be a local elevation of the temperature of from four to six-tenths of a degree, and you will then see a slight inflammatory zone on the external surface. Sometimes the general temperature of the patient shows a slight rise. This is especially apt to be the case after a slight contusion, or when the abscess threatens to burst.

It remains for me now to indicate the treatment of cold abscesses. When you have only the scrofulous gummata to deal with, even supposing pus to have formed, but the tumor to be of little size, and the general health not to be suffering but improving, you are warranted in waiting; a cure is possible by resorption, or after one or two aspirations.

When the abscess is larger and more extensive resorption is impossible, the sac should be freely opened, for puncture by the aspirating needle or trocar, in these conditions, is generally insufficient; the liquid is, in fact, soon reproduced by reason of the want of vitality of the abscess walls. The best way, then, in these cases, is to interfere energetically, and to perform thorough ablation of the sac, as M. Lannelongue has indicated. This practice is certainly the best when the sac which limits the abscess can be readily enucleated. You then dissect out the sac, bring together again with stitches the soft, bleeding parts separated by the dissection, and put in a drainage-tube to facilitate the flow of liquids; thanks to the methodical compression of the antiseptic dressing, the tissues reunite, and the cure is soon complete. It is necessary, however, to take care to remove the prolongations of the cavity, a task often difficult of execution when the walls are thin and soft.

By another curative method, which is more particularly applicable where the sac cannot be removed in its totality (as is, in fact, most frequently the case), you open widely into the abscess and scrape the internal surface of the sac with a sharp spoon or cutting curette, taking care to destroy the fungosities; then the two surfaces are brought together with a stitch or two. If reunion seems impossible it is better to stuff the cavity with iodoform gauze, and protect the whole by an absorbent dressing, as I have done in the case of our patient. The cure is slow, but sure.

A third method consists in making a free opening and cauterizing thoroughly the sac with the thermo-cautery in order to destroy all the fungosities. You have then nothing but a large eschar, formed by the diseased parts thus profoundly modified. This method is slower, less active, and less energetic; therefore, I will only counsel it in a restricted number of cases. At the same time, the employment of the thermo-cautery has given me excellent results in a special variety of multiple cold abscesses, many instances of which I could cite, occurring in the fold of the groin, in the axilla, neck, etc. They present themselves under the aspect of little violaceous masses with numerous holes, giving to the region the appearance of a ball-sprinkler. In those cases where there exist multiple abscesses, diverticula, detachments of tissue, and fistulous tracts extending in different directions, total ablation is impossible, and curetting, which is ordinarily incomplete, has no efficacy. It will be necessary, then,

to open up all the fistulous tracts, cauterize the fungosities, transform the multiple diverticula of the abscess into a sloughing surface, and bring into full view all the detached shreds of tissue. In this way only will you obtain complete cure.

The different modes of treatment which are now everywhere in fashion, and are absolutely safe, owing to the employment of Lister's method, and especially of the iodoform gauze with which the abscess cavity is stuffed, are likely to be in a measure superseded by a method lately devised by Mose-tig-Moorhof, of Vienna, and recommended in France by Verneuil. This new method is chiefly applicable to large abscesses with huge pouches, in which a radical or bloody operation seems difficult or dangerous. Starting from the principle that iodoform is an excellent parasiticide, which prevents the development of tubercle bacilli, the Vienna surgeon conceived the idea of putting this substance in contact with the walls of the cold abscess, and in such a way as to attack the microbes in their innermost haunts, and to do this thoroughly and permanently. To attain this result, it is necessary to empty the abscess as thoroughly as possible with an aspirating trocar, and wash out the cavity with a solution of carbolic acid, in order to remove the caseous particles which may be too thick to run easily. After evacuation of the sac, a variable quantity (according to the size of the cavity) of ether is injected, holding in solution iodoform in the proportion of five per cent. The quantity of the liquid thus introduced in the largest sacs ought not to exceed four ounces, for fear of accidents which might result from the absorption of too great a quantity of iodoform. The liquid is allowed to flow out after a few minutes, but a certain quantity remains in the cavity. The surface of the latter is soon lined with a thin layer of iodoform. Under the influence of this agent the pain is moderate, and the reaction not severe; but the sac soon fills again with liquid and with gas, swells and becomes slightly painful. After a few days all irritation is allayed, and we see the liquid undergo resorption, and the cavity and the tumor growing smaller. One may, in some cases, obtain a complete cure after several weeks, often as the result of a single injection. When one injection does not suffice, the operation may be repeated after a month or six weeks; two or three suffice for the largest sacs.

You will find upon this subject important particulars in the writings of Prof. Verneuil, and especially in the monograph of one of



his pupils, Dr. Verchère, which was published in the *Revue de Chirurgie*, for 1886. I need only refer you for an example of this kind of surgical intervention to a patient, A. B., of this hospital, on whom I have practiced these injections.

This patient, a woman, aged seventy-seven years, large, lean and infirm, had on the anterior and inferior aspect of the right thigh, an immense cold abscess. It was thirty-five centimetres long, twenty-three wide, and contained four quarts of grumous pus. A first injection of three ounces of ether-iodoform solution caused but little reduction. After one month the abscess had diminished one-half. A new injection of two ounces produced a similar result.

At the present time, four months after the first injection, the abscess is barely as large as half a mandarin orange, and will, I think, continue to undergo decrease till it disappears.

This is, then, an excellent method, and not dangerous, generally succeeding; and I cannot too highly recommend it to you, for I have employed it several times with success.

## COMMUNICATIONS.

### THE HYGIENE OF PHTHISIS.<sup>1</sup>

BY LAWRENCE F. FLICK, M.D.,  
PHILADELPHIA.

In the beginning of the present century Dr. Willan, in his statistics on the diseases of London, gives the percentage of deaths from consumption in his private practice as about one in three; and says that the proportion in the general mortality reports for the winter months at that time varied from one-third to one-half. In 1880 the percentage of deaths from phthisis in England was 9141 in every 100,000, which indicates a marked improvement. This improvement is not due to a larger number of cures, but to a more successful prevention which follows in the wake of civilization.

It is scarcely disputed by any one at the present day that consumption is due to the bacillus tuberculosis. Concomitant with this doctrine is necessarily that of its contagiousness, and whoever accepts the one must accept the other. Heredity ought to be out of the question at the present day. It is an unreasonable theory, and at variance with all

modern knowledge about the etiology of disease. Its complete eradication from the public mind is one of the first steps necessary in a sanitary crusade against phthisis. So long has it held sway, and so thoroughly has it been woven into our literature, into our ways of thinking, and even of acting, that it has actually become a remote cause of the disease. Men and women are daily dying victims of consumption, because they have not the courage to escape its clutches. Their grandparents or parents, their uncles or aunts, or somebody in their families has died of the disease, and it is a foregone conclusion that some day, sooner or later, they will die of it too. They are tabooed by society as fore-ordained victims, they are refused life insurance on the slightest pretext, and are at a discount in the marriage market unless heavily endowed by purse or landed estate. Their lives are one continuous worry lest the disease overtake them, and yet they do nothing to avoid it, or the depressing influences which lead to it. If they do finally succumb to the disease, their education and that of the public have been factors in its production. Somewhat akin and often confounded with heredity is the doctrine of predisposition. That some families are more apt to develop certain diseases than others is beyond dispute. What this predisposition consists in, and whether dependent upon the blood, the nerves, or tissues, is as yet one of the hidden secrets of nature. It is certain, however, that it can be transmitted for generations, and that, like complexion and features, it may go to only certain members of a family, may skip a generation or two and reappear, or may disappear entirely. It sometimes goes with one or the other sex, and sometimes accompanies certain complexions and features. Whilst it often exhausts itself by the laws of survival, it may also be generated *de novo* by the modes of life and habits of the parents. The tight-lacing girl, the pale-faced, dissipated young man, the overworked store girl and factory hand, the tea-drinking servant girl, the drunken father, the half-starved, badly clothed mother—these are some of the progenitors of predispositions of phthisis.

So much in brief about the theories on the etiology of consumption. Their consideration has been necessary in order to study intelligibly the means for its prevention.

Both in theory and practice we find that consumption, though contagious, is but mildly so. This is, in my estimation, not so much due to inefficiency of the bacillus tuberculosis as to the withstanding power of the lungs

<sup>1</sup> Read before the Philadelphia County Medical Society, January 11, 1888.

of most people. The bacillus tuberculosis never finds a nidus in a healthy lung—by healthy, I mean not only freedom from pathological change, but a strictly physiological condition in which every function is properly performed. Like the brain, I believe the lungs may be functionally abnormal, and yet there be no pathological change discoverable. There is a very close relationship between the functional abnormality of the lungs and the digestive apparatus, and, in a sequential way, the whole nutritive system. It is upon the stomach, then, almost as much as upon the lungs, that much depends in the prevention of phthisis. The stomach is usually the first traitor in the human economy. Through its derangement many diseases gain entrance into the body. When the stomach fails to perform its work, the lungs will soon do the same. A vicious circle is established, and they mutually derange each other. Malnutrition follows, and the lungs become a proper soil for the bacillus tuberculosis. Every care should therefore be taken to keep the stomach healthy, and to do this a sufficient and proper supply of food is necessary. Too much food is as injurious as too little, and improper food worse than either. When the stomach is filled with indigestible food, nutrition is not only withheld, but the stomach is unfitted for the proper performance of its work for some time thereafter.

It is generally in overfed and improperly fed people that we have what is called galloping consumption. Though apparently well nourished, their entire appearance is suggestive of too much foreign matter in the blood. It is from this class of people that the mortality list from consumption is kept so high in America, and it is chiefly the foreign element in our population which constitutes the class. The deaths from consumption in the United States are nearly twice as numerous among the foreign population and their children as among the children of the native born. In Rhode Island, according to the health reports of that State for 1880, one person in every 486 of native parentage dies of consumption, while one in every 286 of foreign parentage dies of the disease. According to the United States census reports for 1880, out of every 1,000,000 deaths, 242,842 males and 302,046 females die of consumption. This represents all nationalities and colors. Among the colored race every million deaths represent 248,179 males and 326,973 females as having died of consumption. Among people of Irish parentage 309,507 males and 375,636 females die of consumption to every one million deaths;

and among people of German parentage the victims of the disease number 249,498 males and 254,958 females to every one million deaths. It will be seen that the largest percentage of deaths from the disease is among Irish immigrants and their children. This is usually ascribed to the change in climate. Ireland has a much damper climate than America, and therefore one better suited to the development of phthisis. The real cause for the larger mortality from consumption among foreigners, and especially among the Irish, is the change in diet. At home they have been accustomed to a plain, healthy diet, and when they come to this country they at once take to the varied heavy diet of Americans. Where they have eaten little meat at home, they eat it in profusion here. Where they have drank good milk and eaten vegetables at home, they drink teas and coffees and eat spiced food here. They soon become thorough Americans in their stomachs, and even outdo the natives. The consequences are indigestion, malnutrition, tuberculosis. The German, though frequently pursuing a similar course, is often spared by his characteristic thrift and economy. He partakes more sparingly of the good things that come in his way, because of his anxiety to prepare for a rainy day. His fondness for beer, a beverage which he manages to secure wherever he goes, may likewise have some influence in shielding him against phthisis.

Sufficient fresh air, sufficient food, and sufficient rest and sleep are the watch-dogs of health, and where they are on the alert consumption can never enter. Bacilli of tuberculosis may permeate the air, but they can do no harm. Could civilization reach such a stage of perfection as to make it possible for every human being to have all these, it would be in the power of everyone to avoid phthisis. Such a condition of things is, however, impracticable. It therefore becomes necessary not only to deprive the bacillus tuberculosis of its proper soil, but also to destroy the bacillus. This function belongs as well to the State as to the individual. Modern governments are beginning to appreciate the importance of preserving the health of their people, and are everywhere establishing health boards. As yet, however, they do not go far enough. Medical science has grown beyond the mere art of prescribing remedies; it has become a science of protecting man against disease and enabling him to attain his three score and ten. As government exists for the good of society, it ought to avail itself more extensively of so powerful a means to its end. The medical profes-

sion should be represented in our government. There should be a department of medicine, as there is a department of agriculture, of justice, of finance, etc. Surely human lives are as valuable as those of dumb brutes, and we want protection as much against the invisible foes which threaten our health as the visible ones that threaten our hearths. Unfortunately, public sentiment has not yet been educated to appreciate sufficiently the importance and benefit of sanitary measures, to make such a thing practicable. Did such a department exist, and did physicians in good standing and with scientific attainments occasionally enter the field of practical politics and allow themselves to be returned to city councils and State and national legislatures, sanitary science might shed its light upon legislation and many existing hygienic evils be remedied; many social and commercial customs and practices which are daily generating predispositions to consumption by the thousands might be corrected. Plainer living would come through proper instruction upon the subject and the instillation of the necessary sentiment in our schools. Not only ought children to be taught what to eat and drink, but also how to prepare their food and what quantity they can take consistent with health. Nor should instruction upon the proper adaptation of food to the time of life be overlooked. Many children are already dyspeptic when their school days begin, and in their cases the benefit of instruction could only accrue to the second generation. The depressing influences of private vices in children and young people could often be averted by early instruction of the proper kind. Such instruction should, of course, come through the parents, but parents are themselves frequently devoid of the proper knowledge, hence the government might supply it to them by the free distribution of appropriate books. How many social and moral evils might be warded off were the proper knowledge brought to the thousands who would gladly avail themselves of it, were it within their reach!

Legislation might in a measure protect the weak against the oppression of the strong. One need only visit the parts of large cities where the poor live, and note the crowded, filthy courts, alleys and tenement houses; or take a stroll through a badly ventilated factory or retail store in which the employés are compelled to work long hours in unhealthy positions and with the most wretched accommodations for the ordinary demands of nature; or examine some of the articles of food and drink that are openly sold in shops and

on the streets, to understand what could be done in the way of sanitary science by wise legislation. The remedying of such wrongs and oppressions would very much lessen the mortality from consumption, by withdrawing the soil necessary for its development. But all this is mere speculation of what we may hope will take place in the future. For the present, we must content ourselves with discussing the weapons against the bacillus tuberculosis, which governments can use as they are now constituted.

The usual methods employed by our boards of health for combating disease are isolation and disinfection. Against consumption, isolation, if it were even practicable, would be both useless and cruel. It is a question in my mind whether the existence of the bacillus tuberculosis is solely for the destruction of human lungs! In view of the universality of phthisis it is not entirely a matter of fancy to suppose that the parasitic life of the bacillus in man is incidental, and that it plays some useful rôle in the great chain of transition between organic and inorganic matter. It seems to be everywhere and to be wafted about by the air. Isolation could therefore not confine it, nor afford protection. The only benefit that could be derived from it would be the withdrawal of the relatives of patients from an atmosphere saturated with the germs of the disease and their protection against contamination by the sputa. This would be a poor return for the dreadful inhumanity of separating the poor victims for years from their relatives. The same results can moreover be attained by disinfection without isolation. With well equipped thorough boards of health and properly instructed laity, satisfactory protection could be secured to those who by family ties or otherwise are compelled to live in the same house with the afflicted. The house, and especially the room, in which the patient sleeps ought to be frequently disinfected with some suitable germicide, and particular care should be taken to disinfect the sputa. For the former purpose sulphur may be burnt or a spray of a strong solution of carbolic acid be used, and for the latter carbolic acid or corrosive sublimate solution be placed in the vessel that receives the sputa. To carry out these measures in practice, consumption would have to be placed upon the list of contagious diseases returnable to the board of health, and the present force of existing boards of health would have to be largely augmented. The beneficial results, however, would be ample compensation for the inconvenience and expense. That there would be

a marked decrease in the mortality from phthisis I have not the slightest doubt. Better opportunities, too, would be afforded to study the disease, as more reliable reports would be made and fuller statistics be gathered.

Health boards should, moreover, help to disseminate proper knowledge upon the subject. If ignorance is the parent of vice, it is certainly the grandparent of disease. It is a matter of daily occurrence that people who have consumption, and who are constantly expectorating infectious matter, fill positions in which they must necessarily contaminate the clothing, food and drink of others. There are consumptive tailors and dressmakers, consumptive cooks and waiters, consumptive candy-makers, consumptive bakers, consumptives indeed in every calling of life. These people do not suspect for a moment that they are spreading the disease, and take no precaution against doing so. They are often poor people who have to work for their living, and who as long as life remains in them have to earn its support. They do not even know that they have consumption, or at least they persuade themselves that they have not got it. They expectorate on the public highways, in church, at the theatre, at their places of business or work—in short, anywhere and everywhere that is convenient; and the sputa dry up and are carried into the lungs of others, or find their way into food and drink. First of all, people ought to be made thoroughly familiar with the infectiousness of the sputa, and ought to be taught how to disinfect them. This knowledge should come from the government through the boards of health. Physicians and public teachers can do much toward creating a proper sentiment, but they cannot convey the instructions in an authoritative and effective way. In the next place, no consumptive should be employed in any capacity in which he may contaminate the clothing, food, or drink of others. To obviate hardships in such cases, the government should make provision out of the public treasury for the maintenance of such people as have to give up their means of livelihood for the public good. Whether this be done by pension or by offering an asylum must remain for political economists to decide. No hesitancy is felt in spending millions for the resentment of an insult to our national honor, or for some commercial advantage. Why should not something be expended in the protection of our people against the ravages of a disease which in the United States carries off nearly a hundred

thousand people annually? Small remedies will avail nothing with so great an evil. Our government should act, and act with gigantic strides. As regards individual effort to prevent the spread of consumption, it must necessarily be confined almost entirely to those who by predisposition are likely to develop it. They should not only lead strictly hygienic lives in every particular, but should avoid everything that might even remotely lead to the disease, and avail themselves of every weapon against it. The nearer they follow Nature, in its dictates as to how to live, the better. They must not revel in excess, turn night into day, overload their stomachs, overtax their brains, strain their physical endurance, and play havoc with their constitutions generally, as their more favored brothers and sisters do with impunity. They must lead correct, orderly lives, and be ever on the alert that their physical condition may not fall below par. As regards the weapons to be used against the disease, it may be well to pass some of them in review.

Climate has always been looked upon as an important factor in the production and prevention of consumption. Its importance, however, seems to me to have been much exaggerated. A non-porous soil is undoubtedly a contributing agent to the production of consumption, but not more so than of many other diseases. Consumption occurs in every country and every climate on earth, being modified in prevalence by the various modes of life. Vicissitudes of climate have really little to do with the disease. Those people who are most exposed to the weather seldom die of consumption, whilst those whose lives keep them indoors are its most frequent victims. Women, for example, die much more frequently of the disease than men. Nor does warmth or cold or altitude exert much influence. The colored people, who live largely in the warmer portions of the United States, have a higher mortality rate from consumption than the white people, the majority of whom live in the colder portions. In short, consumption prevails everywhere, no matter what the climate, where people are compelled, by the demands of society, to crowd together and live much indoors. The practical lesson to be drawn from these facts is that persons who are predisposed to consumption by reason of the lives of their forefathers, or the peculiar circumstances surrounding their childhood, ought to adopt a calling in life which keeps them out of doors and away from cities.

The  
drinks  
sumpt  
supers  
for it  
the ba  
truth  
tions  
of ma  
consu  
exists  
and t  
Very  
sugar  
have  
Thes  
befor  
tion  
small  
readi  
they  
the  
the l  
to g  
mod  
in th  
migh  
and  
beve  
inter  
sum  
drin  
A  
stat  
of v  
mea  
toget  
inci  
grea  
are,  
cha  
care  
dur  
taug  
epo  
rest  
wee  
and  
bec  
pre  
tho  
afte  
pro  
a r  
are  
sho  
una  
hyp  
wh  
Th



There is a popular belief that alcoholic drinks are powerful preventives of consumption. This, like all popular beliefs and superstitions, has undoubtedly some truth for its foundation. But, as is usual with the bastard progeny of desire, this grain of truth has grown into such immense proportions as to have become the stumbling-block of many. No one who has carefully studied consumption can have a doubt that there exists some relation between its production and the non-assimilation of hydrocarbons. Very many cases of phthisis have traces of sugar in the urine, and probably all of them have indigestion of heat-producing food. These symptoms frequently exist for months before cough and discernible local congestion sets in. As beverages containing a small amount of alcohol present a most readily assimilating form of the hydrocarbons, they no doubt, when properly used, buoy up the weakened system in its struggle against the bacillus tuberculosis, and often enable it to gain the mastery. But what is good in moderation is always hurtful in excess, and in this instance precipitates the very evil it might otherwise prevent. Excess of alcohol and the adulterating ingredients in alcoholic beverages derange the stomach, and thus by interfering with nutrition predispose to consumption. In this way a long life of hard drinking sometimes ends in phthisis.

A very noticeable fact in the mortality statistics of consumption is the predominance of women among its victims. This is in a measure due to their indoor life, but not altogether. The many accidents and diseases incidental to the physiological life of women greatly predispose to consumption. These are, however, nearly all of an avoidable character, and have their fountain-head in carelessness during the menstrual period and during the puerperium. Women should be taught from childhood that these are sacred epochs, and that during them nature demands rest and especial care. The Semitic six weeks' rest after childbirth is true to nature, and should be observed by every woman who becomes a mother. Lactation frequently predisposes to consumption, but usually in those cases which have made bad recoveries after confinement, and are in want of the proper food and care which are necessary for a nursing woman. Pulmonary gymnastics are powerful weapons against phthisis, and should be especially used by those who are unable to extricate themselves from the unhygienic surroundings and circumstances in which their necessities have placed them. Though the use of a gymnasium is very de-

sirable for practicing these, it is not necessary. The principle involved is ventilating the unused air-cells, and any combination of forced respiratory movements that will thoroughly inflate the lungs will accomplish this. Gradually filling the lungs with air whilst retracting the shoulders and extending the chest, or taking a deep inspiration whilst extending the arms above the head and expiring whilst placing them parallel with the body, are two simple exercises which do all that is necessary, and can be taken without interfering with the most busy life or causing fatigue. A habit should be made of thus ventilating the unused portions of the lungs, and it should be done at times when the purest air can be secured. The most practical germicide that we as yet know of for the bacillus tuberculosis is fresh air, or, more correctly speaking, it furnishes the least favorable habitat for its development. A better oxygenation of the blood is, moreover, secured by such exercises, the circulation is stimulated, and, indirectly, the digestion and assimilation improved.

As regards the hygiene of phthisis, when the disease is once established, it is based upon the same principles as that for its prevention. Sufficient nourishing food, and sufficient fresh air, these are the *sine qua non*. The prime object in every case of phthisis should be to secure a good digestion and assimilation. Everything that is done should be done with this object in view. Good, nourishing, and easily digested food should be taken in abundance, and every care taken that the stomach be not deranged by indiscretions in eating and drinking, or by overloading. As soon as the body begins to nourish, the lung trouble will improve. As an aid to digestion outdoor exercise is very important. Without it the system cannot be made to use up a large quantity of food. Inasmuch as warm climates offer greater inducements to keep invalids out-of-doors, and make bedroom ventilation a little more agreeable, they are highly commendable to consumptives; but they are by no means essential to their well-being. A cold climate will do just as well if the patient has the courage to endure the discomforts entailed by it. It is much better that a consumptive have home comforts in the worst climate in the world, than that he be compelled to undergo the tortures of boarding-house or fourth-class hotel life at a health resort. In all warm climates the houses are built for warm weather use, and no provision is made for the stray blizzard that occasionally comes along. Though the temperature may be very

equable from day to day, there is always a marked variation between day and night. In consequence of the rapid radiation of heat the houses become cool and damp during the night, against which there is likewise no provision, except in first-class modern hotels. In many places suitable food is difficult to obtain even at the most extravagant prices. All in all, the average person who has consumption had better remain at home, unless his home is in a large city, and then he should go into the neighboring country, where he can secure home comforts and plenty of suitable food. Let him dress warm, take outdoor exercise whenever he can, eat plenty of light, nourishing food, take ample rest and sleep, and he will get along much better in his native heath than he would with small means in the most model consumption climate. It is important that the entire body be warmly clad in cold weather. Either silk or woollen clothing ought to be worn next to the skin. The circulation should be kept equable throughout the whole body, hence the extremities ought never to be let get cold. When the feet get cold, the lungs become congested. Rubbing the body with a coarse towel has a good effect in equalizing the circulation. The ancients recognized this fact, and laid stress on it. "Balneum alienum est," says Celsus. Sponge baths, if carefully taken, will do good. They should, however, be taken in a warm room, and followed by a rest. Sea-voyages used to be highly recommended in the early days of medicine, and theoretically, at least, ought to be beneficial in the first stages of the disease. The ocean offers a pure atmosphere, and frequently the salt air stimulates appetite and improves digestion. In the advanced stages of the disease they are, however, impracticable, and should never be attempted.

Gypsy life, or travelling through the country by easy stages and camping-out, is most beneficial to consumptives, even in advanced stages. The ancients had their patients carried from place to place in chairs. In the territories most remarkable cures are brought about by this mode of living. Persons unable to walk are hauled in wagons on improvised beds, and it is astonishing what a revivifying effect constant exposure in the open air has. But, as said in the beginning of this paper, when consumption is once established it is rarely cured, and though much can be done to ameliorate the condition of the consumptive, the most important duty of the medical profession, at the present day, is to lend its aid in bringing about such a change in public

and private hygiene as to give the disease less chance for development.

Civilization is the keystone on which the barrier to the progress of phthisis must be built; but it must be a high order of civilization, a civilization in which charity for our fellow-man is the guiding star—which teaches not only how to live, but how to let others live—which banishes want from the earth, gives everybody sufficient breathing space, and removes the foot of monopoly from the neck of the working-man and the goad from his side; which will remove morbid ideas about dress, society, customs, and education, and banish all vice and excess from the world. So long as the objects of man's existence are to live at ease, gratify every desire, and tower head and shoulders above everybody else in importance; so long as one-half of the human race must be without the necessities of life in order that the other half may revel in excess; so long as crowded tenement-houses must tower in the sky in order to let palaces spread out on the surface; so long as soulless corporations can drive men to do more than a whole day's work for half a day's pay, and under circumstances and surroundings which are in conflict with every rule of health; so long as the rich lead and the poor follow in health-ruining fashions and customs; so long as children have their minds made morbid and their bodies undeveloped by school-cramming processes; so long, indeed, will consumption continue to be epidemic, no matter what progress scientific medicine may make.

#### REDUCTION OF THYROID DISLOCATION OF THE THIGH-BONE.

BY A. ADY, M.D.,  
MUSCATINE, IOWA.

I was called, May 10, 1887, to see a mulatto woman, 25 years old. She had been under the treatment of an itinerate female practitioner for two months; was said to have rheumatism. Liniments had been used freely, along with internal medication.

I found her unable to walk from soreness about the left hip and thigh. She could not use crutches, because the lame leg was two inches longer than the other. A glance at the deformity showed that the head of the thigh-bone was in the thyroid foramen. I could get no history of traumatism from either the woman or her husband, both declaring that they knew of no cause for the dislocation. But I learned from a neighbor that the woman had been thrown from a

fence by lameness.

After my office skeleton back on the femur bringing low, that tact with fulcrum, could be a level was quite location neuvre, tion, th quite pro

The 1 ner, Dr of surgie in the C Keokuk, placed She was sound l out of t on a low keeping Morgric thigh w until th promine of the l over the was the lar cavi it went usual in been pa there, a after ha

In w typhoi myself in a lon Tennes Typi winter form, u and ne The and te tell on

fence by her husband about the time the lameness commenced.

After making my diagnosis I repaired to my office to study the dislocation on the skeleton. Here I found on laying it on its back on the floor, and placing the head of the femur in the thyroid foramen, that by bringing the dislocated bone across its fellow, that the trochanter minor came in contact with the spine of the ischium, making a fulcrum, by which the head of the bone could be lifted out of its false cavity and on a level with the acetabulum. My patient was quite thin, and I concluded that the dislocation could be reduced by a similar manoeuvre, as I knew, from a vaginal examination, that the spine of the ischium was quite prominent.

The next day, with the help of my partner, Dr. G. O. Morgridge (now professor of surgical pathology and of ophthalmology in the College of Physicians and Surgeons, Keokuk, Iowa), she was etherized, and placed upon a thin mattress on the floor. She was laid on the edge of it, so that the sound limb would hang over and be more out of the way. Seating myself beside her on a low stool, I grasped the knee and leg, keeping the latter fully extended, while Dr. Morgridge steadied the pelvis. The luxated thigh was now brought across the sound one, until the trochanter major became quite prominent, and it was judged that the head of the bone was lifted high enough to pass over the rim of the acetabulum. The femur was then pushed directly towards the articular cavity with a slight rotary motion, when it went in easily, but not with the snap usual in a recent dislocation, as the cup had been partly filled by granulations. It stayed there, and the patient made a good recovery after having an abscess of the thigh.

#### TYPHOID FEVER.

BY J. A. LONG, M.D.,  
LONG'S MILLS, TENN.

In what I have to say on the subject of typhoid fever and its treatment I will confine myself to the facts as I have observed them in a long practice in this section—lower East Tennessee.

Typhoid fever first showed itself in the winter and spring of 1843-4, in an endemic form, under the various names of winter, *slow*, and *nervous* fever.

The onset of the disease is uniformly slow and tedious, the patient not being able to tell on what particular day he was taken with

the disease, moping around for a week or ten days, complaining of little or no pain, but of weakness only, while he is not disposed to do any mental or physical labor; but is listless and dull, with sensations of cold or chilliness, or even a well-marked chill, recurring at irregular times during the first stage of the disease.

At this stage of the fever the tongue becomes coated with a white fur; it is smooth and glossy with its tip and edges red, and when the patient is told to protrude it, he invariably puts it out tremulously and may not withdraw it until told to do so.

The tongue undergoes many changes during the progress of the disease. If the fever runs a tedious course, the coat turns brown and becomes dry, and the upper layer of the mucous membrane peels off, leaving a fiery-red surface. Soon after this the coat begins to form anew; and this change may take place several times before the disease terminates in convalescence or death. During these changes the tongue presents a speckled appearance, and in grave cases it becomes black and deep furred, while dark sordes form on the teeth.

The pulse is generally small and accelerated, ranging from 90 to 120, according to the grade or stage of the disease, with a double or reacting beat.

Headache comes on during the second week and lasts for about ten days, with or without medicine, and then passes off, not being much influenced by remedial measures. This symptom is pretty uniform in typhoid fever. About the same time, or during the second week, the fever increases, the pulse becomes more accelerated, and an eruption of rose spots makes its appearance on the front parts of the chest and abdomen, and in a few cases it may be seen on other portions of the body. The rash makes its appearance at a certain stage of the disease, passing off at a later date. I have observed it at the commencement of the second week, and also as late as the end of the third week. In my experience it has been formed in ninety per cent. of all the well-marked cases of typhoid fever.

Delirium, which comes on in all medium and grave cases, is of a muttering character. It is unlike the delirium of most acute diseases in that the patient, in the midst of his mutterings, can be aroused when spoken to, and may answer one or more questions intelligently enough, and then lapse into the same state of derangement. In a very small percentage of the cases the delirium is wild, furious, and of a belligerent character; the



patient is hard to control and tries to force his way out of bed, resisting the kindly efforts of his attendants, even striking at those who oppose him; but such cases are the exception, and not the rule in typhoid fever.

The temperature in typhoid fever ranges from 100° to 105° in grave cases, and the gravity of the case is pretty accurately indicated by the range of temperature.

The abdominal symptoms in typhoid fever are among the most prominent of the disease. Diarrhoea usually commences early in the disease, and is more or less troublesome throughout its entire course. The discharges are generally green or greenish in color, and as a rule without smell. Their passage along the bowels is attended with a gurgling noise. If this latter symptom be not present, it is easily induced by pressure made upon the abdomen, and especially if made over the right iliac region. The bowels are more or less tympanitic in most of the cases, and this symptom is generally in proportion to the gravity of the case. Bleeding from the bowels is a common symptom in typhoid fever, and especially apt to occur when the too free use of purgative medicines, at any stage of the disease, has caused irritation of the ulcers of the small intestines, which are known to exist in every well-marked case of typhoid fever.

Typhoid fever as it shows itself in this locality is both infectious and contagious. This is certainly the case among persons who are at the age in which typhoid fever oftenest occurs (between ten and thirty years), and especially if they are exposed as nurses, or are about the sick room much of the time. Many instances could be cited in which young persons have gone a distance of miles to wait on a sick friend, and after returning home have been taken down in a short time with the fever, making new centers for the spread of the disease.

My experience is that typhoid fever seldom attacks children under ten years of age. I have met with but one case of typhoid fever where the patient was under ten, and that one was a child in its ninth year. From many circumstances that have fallen under my observations in practice, I believe that one attack of typhoid fever exempts the person from future attacks of the disease, at least as much so as in other eruptive contagious diseases. I am aware this is denied; but I think the denial is mainly founded upon faulty diagnosis. I have practiced medicine in the same locality for forty-four years consecutively, and I have never met with typhoid fever twice in the same individual. I have attended in the same family

at different times, where the older children, in their teens and over twenty had the disease, and where the younger children, under ten years of age, were exposed as much as those who had taken it, but escaped entirely. Five years later I was called to the same family, and the younger children, who had grown up into their teens, were sick with typhoid fever, while some of the older children, still living at home, who were equally exposed to the same infectious causes, and also to the contagion of their sick brothers and sisters, entirely escaped the ravages of the disease.

**Diagnosis.**—The diagnosis of typhoid fever is plain and easy when its history, symptoms and course are carefully and patiently studied. The grouping of symptoms is remarkable in this disease: its slow, tedious and insidious attacks; the peculiar, dull expression of the face; the characteristic tongue and pulse, as described in this paper; the prominent abdominal symptoms, diarrhoea, bleeding from the bowels, epistaxis, rose-spots, etc. There is no disease that is likely to be mistaken for typhoid fever, but the typhoid type of many diseases; "and unless we distinguish between typhoid fever proper and the typhoid type in many diseases, there is an end to all philosophical diagnosis."

**Prognosis.**—Notwithstanding, this fever is a terror wherever it makes its appearance, I believe there is no disease which has so strong a tendency as typhoid fever to terminate favorably if it is not aggravated by maltreatment. Whenever the time arrives in medical progress when typhoid fever is not regarded as belonging to the class of eruptive fevers, infectious and contagious, which cannot be cut short by the use of strong drugs, then its fatality will be lessened.

**Treatment.**—This should be strictly *eclectic* to be successful. Symptoms must be met as they arise in the case, with the mildest possible means at our command. The temperature is to be watched closely, and it should be kept in safe bounds, because it is *fever that kills*. This can be controlled by tepid sponging, with a little vinegar in the water—not by ordering it attended to once, twice or a half dozen times a day—but by teaching the nurse to *keep the fever down* by going over the whole surface repeatedly, until it is completely under control.

In the stage of incubation the patient is liable to aggravate his case greatly by sitting out of bed too long. One of the first things to be done is to request the patient to lie down and keep in bed, and as quiet as possible. If the weather is warm the room should be changed at least every other

and in so  
In cold v  
at least  
sensible  
be cold,  
bath as  
it. This  
necessar

As soo  
the glan  
one of t  
tient up  
do not v  
tongue i  
ulcers o  
ble. T  
gum Ar  
spoonfu  
This is  
patient  
again,  
Other s  
by the  
Dover's  
cases of  
lead an

**Diet**  
manage  
stages  
toast-w  
Later,  
Fomen  
tympan  
irritati  
thing,  
through

—Th  
a bran  
sociati  
club fo  
memb  
club up  
fifty ce  
for thr  
sums o  
to free  
chosene  
stitute,  
prescri  
designi

The  
money  
similar  
the me  
ally a  
fort is  
groun  
indepe



and in some cases this should be done daily. In cold weather the change should be made at least every third day by good, handy, sensible nurses. If the feet are inclined to be cold, they should be bathed in a mustard bath as warm as the patient can well bear it. This may be repeated every day, if necessary.

As soon as there are signs of ulceration in the glands of the small intestine—and this is one of the earliest symptoms—I put my patient upon an emulsion of turpentine, and do not wait, as most authors advise, until the tongue is dry and dark. This is giving the ulcers of the bowels all the headway possible. The emulsion I make of a solution of gum Arabic and turpentine, so that one teaspoonful contains one drop of the turpentine. This is given every hour, except when the patient is asleep. When he awakes, I begin again, counting the hours from that time. Other symptoms, such as diarrhoea, are met by the mildest means. In mild cases, Dover's powder answers a good purpose. In cases of bleeding from the bowels, acetate of lead and opium meet the indication.

*Diet.*—This is an important part of the management of typhoid fever. In the first stages of the disease I usually allow only toast-water, rice-water, toast, coffee, etc. Later, the diet can be cautiously increased. Fomentations to the bowels, when there is tympany, is an excellent manner of allaying irritation. I do not prescribe some *great thing*, but simply conduct the patient safely through the different stages of the fever.

—The Young Men's Institute of New York, a branch of the Young Men's Christian Association, has established a medical benefit club for the members of the Institute. Any member in fair physical health may join the club upon payment of the initiation fee of fifty cents, and the dues are only fifty cents for three months. Payment of these small sums of money entitles a member of the club to free medical service from a physician chosen and paid by the governors of the Institute, and to a discount of 25 per cent. on prescriptions compounded by any druggist designated by the physician.

The object of this club is not to make money, as is the case with many somewhat similar associations in England, but to assist the members of the Institute, which is actually a charitable concern, although every effort is made to keep this fact in the background, and to encourage a feeling of manly independence among its beneficiaries.

## SOCIETY REPORTS.

### PHILADELPHIA COUNTY MEDICAL SOCIETY.

*Stated Meeting, January 11, 1888.*

The President, J. SOLIS-COHEN, M.D., in the chair.

DR. LAWRENCE F. FLICK read a paper on  
**The Hygiene of Phthisis.**<sup>1</sup>

DR. T. J. MAYS, in opening the discussion, said: I have listened with much interest to this remarkable paper, which expresses a view which I did not think existed to any extent in this city. The author attributes the existence of pulmonary phthisis to the bacillus tuberculosis. I do not think that such a view is borne out by the facts. If it were true that phthisis is propagated by contagion, those who are the most exposed to the disease should be those who would be most liable to contract it. The facts prove that this is not the case. Probably the best evidence of this is found in the history of Brompton Hospital, of London, when the report was made a few years ago. This hospital had been in existence thirty-six years. It has a capacity of nearly four hundred beds. The history includes all those who were connected with the hospital as physicians, nurses, etc., during this period. Not one case of the disease could be traced to the hospital as the source of contagion.

Dr. Brehmer gives some remarkable results in his book on the *Etiology of Pulmonary Tuberculosis*. He states that in the town of Görbersdorf, where his hospital is located, that the mortality rate of the native inhabitants from phthisis twenty years ago, at which time the hospital was established, was fifty per cent. greater than at present, notwithstanding that during that time there have been present about twelve thousand consumptive patients, who have freely mingled with the citizens. It also often happens that at health resorts for consumptives the physician himself is the subject of the disease, and yet, under such circumstances, frequently improves in spite of the presence of the tubercle bacilli. The author advocates a strict quarantine against the bacilli. Precisely such a quarantine was carried out in Naples for sixty years, up to forty years ago, but the results were entirely negative. In another statement the author is, I think, not borne out by facts. He states that females are more liable to the disease than are

<sup>1</sup> See page 135.

males. I have recently gone over an enormous amount of statistics, collected in this country and abroad, and they show that females are much less liable to the disease than males. The report of my statistics will be found in the *Medical News* of January 7, 1888. The fact that the disease is less frequent among females may be accounted for by the fact that they have a more extended apical motion than the male, and we know that consumption never occurs in any one who has a well-developed apical expansion. On the whole, one cannot help but be pleased with the paper; but while I admire it, I cannot agree with all the statements which it contains.

DR. J. DALAND said: I think it has been well ascertained that an hereditary predisposition does play an important influence in the causation of phthisis. With reference to the climatic treatment of phthisis, I do not think that this can be dismissed with the few words which the author has given to it. There seems to me to be no doubt that in the early stage of the disease, particularly in young men, that a change to a colder climate is of benefit. The disinfection of the sputa is a point on which sufficient importance is not usually placed. It is a matter of the greatest moment, and should be employed in every case of phthisis.

DR. S. SOLIS-COHEN said: I believe that it was Mr. Spencer who thanked a certain philosopher for benefitting him by expressing opposite opinions in a forcible and eloquent manner. I can make my acknowledgments to the reader of the paper in similar language. I admire the suggestiveness and the vigor of his paper, but I find it almost impossible to agree with any of the theories advanced. As to the practice advocated, physicians of experience are all of nearly one mind; nor has Dr. Flick permitted himself to be led astray in this matter by his theories. The question of the omnipotence of the bacillus tuberculosis is one which deserves to be ventilated on every occasion. I have already to-night quoted the remarks of Dr. B. W. Richardson in another connection; but as I consider him the master-mind in medicine of the nineteenth century, I need offer no apology for again quoting him. He says, "What have we done, to be visited in the heavens above, in the earth beneath, and in the waters under the earth, with the *pestis bacillorum* which is now regnant?" Everything is bacillus. Dr. Richardson believes that it will not be long before the bacillus of pregnancy will be discovered. I think that Dr. Flick has himself given the strongest

argument against the bacillophobic views he advances. The chain of events graphically described from several starting-points invariably concludes in—malnutrition and consumption. Malnutrition is the fundamental, the bacillus is the accidental. It may be that the bacillus does, when inoculated under certain circumstances, cause tuberculosis; there is some doubtful evidence bearing on this point which cannot be dismissed in a discussion of this kind. Even admitting that inoculating with the bacillus will cause consumption, there is no evidence that the inhalation of the bacillus will cause the disease. The inhalation of sputa and the inhalation of the bacillus are two different matters. The pus-cell and the coccus pyogenes are not at all synonymous. There may be in the mixture which goes to make up the sputum an element similar to those bodies which we know as the leucomaines and ptomaines, which, in a person predisposed and in low condition, may be capable of exciting the disease by interference with nutrition or otherwise. The evidence on all these points is very far from being clear. But granting, for argument's sake, that the microbe is one of the existing causes, we must still recognize, as the reader of the paper has pointed out, that the bacillus is everywhere present; and no matter how powerful are the means brought against it, they are incapable of destroying it or of dislodging it when it is once in the lungs. Even if we could destroy every bacillus in the lungs, at the very next breath the enemy is once more within the stronghold. Therefore the only rational thing to do to prevent consumption, whether the bacillus be a cause of the disease or not, is to build up the nutrition of the individual by the measures mentioned to-night and by others. We must utterly discard the misleading, and therefore destructive, idea that by bringing germicidal agents against the bacillus tuberculosis we can benefit our patients in the least. Treat the patient, and the bacillus will take care of itself.

The question of the marriage of those who inherit the tuberculous diathesis—and that there is such a diathesis universal experience goes to prove—is a very important matter, and, notwithstanding the views advanced, I think that every one of us should warn against the marriage of those whom we have reason to suppose would transmit such a useful inheritance. The question of baths in consumption is an important one. There are two methods of failure of function in consumptive patients which we must

nize. The and the of of excretio cretory or best func While we cold bath skin of the as circum ate temp daily spo insisted u logical sw greatest i sweating skin to a more dan spiration are frequ of course own me circumst better to for the r toms tha medicati

Dr. M Flick wi inflamm I do not I believe consump condition and pos origin of pract or four an infla out thi sumptio

Dr. L tation i that th with th strong as I hav of the great d effect o ditions discuss the su entirel point o malnut thing think a fit su unless appara

nize. The one is a failure of assimilation, and the other, no less important, is a failure of excretion. The skin is an important excretory organ, and it cannot be kept in the best functional condition without bathing. While we may not plunge a patient into a cold bath, we must see that he keeps the skin of the entire body cleanly, and as active as circumstances permit. Baths at a moderate temperature, when possible, or if not, daily sponging of the entire body should be insisted upon. This will often relieve pathological sweating. It is also a question of the greatest importance in how far we shall check sweating by drugs, whether, to reduce the skin to a dry and hot condition, is not far more dangerous than the very moderate perspiration for which atropia and other drugs are frequently given. This question must, of course, be decided in every case upon its own merits, with due attention to all the circumstances. Still I feel that it is often better to depend upon our general measures for the relief of this and other special symptoms than to resort at once to symptomatic medication.

Dr. M. PRICE said: I would ask Dr. Flick with reference to his experience with inflammatory conditions as a cause of phthisis. I do not believe in hereditary consumption. I believe that ninety per cent. of the cases of consumption come from some inflammatory condition as the starting-point. I am a firm and positive believer in the inflammatory origin of consumption. In nineteen years of practice I have not seen more than three or four cases in which I could not discover an inflammatory cause. I believe that without this inflammatory starting-point, consumption is impossible.

Dr. FLICK said: I felt considerable hesitation in presenting this paper, as I knew that the opinions expressed were in conflict with those of many on the subject. I have strong convictions on the subject, however, as I have myself been the unfortunate victim of the disease. I have given the matter a great deal of thought, and have observed the effect of many remedies and of hygienic conditions. I do not know that those who have discussed the paper got my exact ideas on the subject. I hold that consumption is entirely dependent for its initial starting-point on malnutrition. I hold that without malnutrition and malassimilation such a thing as consumption cannot take place. I think that when one is run down he is then a fit subject for the bacillus tuberculosis, and unless he is run down and his digestive apparatus is out of order he will never fall a

victim to phthisis, no matter of what his parents or his grandparents died.

The objection based upon the fact that nurses in hospitals do not contract the disease from their patients, is not well grounded. The nurses and others connected with a hospital are generally well nourished, as they get everything that is necessary to keep up their condition. When they get below par they fall victims to the disease. I believe that no consumptive patient derives benefit from climate in itself. The benefit comes from the change of life and from the out-of-door life. If the patient lives an out-of-door life and takes nourishing food he may recover. If he goes to any climate and stays in the house he will die.

With regard to the relative frequency of the disease in males and in females, I would state that my statistics are drawn from the census reports of the United States. I have no doubt that inflammatory conditions of the lungs have some bearing on the production of the disease, inasmuch as a person who has had pneumonia is left in a depressed condition. I think, however, that a mistake in diagnosis is often made. I believe that a case is often considered to be one of pneumonia when really it is a case of phthisis. It is said that pneumonia has run into phthisis when in reality it was a case of phthisis from the beginning. I have brought this subject forward with the hope of exciting discussion. This is a matter which is too much neglected. There is no disease that causes as many deaths as does consumption, yet we have become so accustomed to it that we do not give it the attention which it deserves.

Dr. HOWARD A. KELLY read a paper on

#### Rubber Cushions for Surgical Purposes.

It is now almost a year since I put in the hands of Mr. Levick, manufacturer of rubber goods, several designs of cushions for surgical purposes. These cushions resemble those commonly used by students at lectures, in having an inflatable rim, but differ in being left open on one side, being C-shaped or rectangular, with one side out. They have a bottom of rubber sheeting extended into an apron some inches in length for the purpose of drainage. I have had constructed three separate forms, a large C-shaped cushion measuring about twenty inches in diameter, the opening of the C being about eight inches across, and the apron twenty inches in length. The rim measures about two inches in diameter when inflated. This pad I constantly use for abdominal sections; it is also of great



service in obstetrical cases requiring operative manipulation. It permits the free use of water for douching purposes; drains all blood and water from the field, enabling the operator to return the patient at once to bed,



without the necessity of removing clothing or changing linen. It has each month saved me more than its cost in the wash at my private hospital. A similar pad of the same pattern, measuring but ten inches in diameter, is in use on the examining table in my office, in all cases in which it is necessary to douch out the uterus or vagina.

The third pattern, which is in constant use for minor gynecological work, is the perineal cushion. It is rectangular in shape, opening on one side, having a rubber bottom and long apron similar to the preceding. When in use the patient's clothes are elevated, and the thighs held flexed on the abdomen by my "Beinhalter." The buttocks are drawn down over the edge of the inflated rim, and the apron which hangs down from the edge of the table carries off all blood and the water used throughout the operation. There is no one device in all my gynecological work which has given me so much comfort as these simple cushions. I use gallons of water with the utmost freedom, and without ever being obliged to think once where it is going. In perineal work, instead of using sponges, I use constant irrigation, which prevents clotting of blood, soiling of instruments, and replaces at no expense, and with greater comfort and satisfaction, the

sponges formerly used. The work thus accomplished is neater and cleaner, and the results are better.

I also present now for the first time a design for a rubber bed-pan. It is oblong in shape with an inflatable rim and a rubber bottom. It differs, however, from any previous device, in the fact that one end communicates with a large, funnel-shaped reservoir, terminating in a large nozzle through which the fluids are finally discharged. The whole peculiarity of the device depends upon the funnel and its outlet; the funnel is very broad at the top, being the full width of the cushion, about seven inches in depth to the tube, terminating in the discharge pipe of the same length, which is perforated at its under side by a buttonhole for attachment, when in use, to the rim of the cushion. When the cushion is in use the rim is inflated, the discharge pipe is buttoned to the rim, and



the patient is placed upon the cushion. Vaginal or rectal injections are now to be given. The fluid, as it is discharged from vagina or rectum, accumulates on the floor of the cushion, the amount this will hold depending entirely upon the depth of the inflated rim and the size of the cushion and reservoir. When it is desired to empty it, the rim is caught in the hand at the upper end, and carried with the funnel hanging downwards; all fluids at once gravitate into this, but do not escape, owing to the attachment of the discharge pipe to the rim. It is then carried to the closet and the discharge pipe is buttoned, when the fluid rushes out; it is then cleaned by allowing the water to run through it in the same manner.

The a  
very gre  
great ad  
capacity  
may be  
reservoir  
purposes  
inapplic  
perfect,  
which th  
are open  
an availa  
be rolled  
It can als  
by leavin  
made of  
of the be  
sheeting

Dr. J.  
which an  
controver  
any claim  
nator of  
has not o  
out, I ass  
Introduc  
it legitim  
as to the  
genuinen  
years ago  
irrigation  
of my ow  
Taylor, m  
as drawn,  
H. A. Ke  
store, but  
ined it, a  
present a  
Company  
dated Jan  
Dr. K.

so unplea  
Society, a  
the matte  
to it bee  
meeting  
myself.  
recollectio  
on this su

—A th  
has been  
West Phi  
one well-  
opened or  
est others  
hospital l  
of the six  
Five thou  
had in pe



The advantages gained by this device are very great. The softness of the rubber is a great advantage over the hard bed-pan, the capacity of the cushion is much greater, and may be made to vary with the size of the reservoir alone. It can thus be used for purposes for which the bed pan is entirely inapplicable. The facilities for cleansing are perfect, eliminating the chief objection to which the rubber cushions hitherto in use are open. The ease of transportation is also an available feature, as when collapsed it can be rolled up and packed away in small space. It can also be used for continuous irrigation, by leaving the discharge pipe, which can be made of any length, hanging over the side of the bed, discharging on a piece of rubber sheeting which conducts the fluid into a bucket.

Dr. J. PRICE said: The only matter about which any question exists, the only thing in controversy, is whether Dr. H. A. Kelly has any claim whatever as the inventor or originator of the irrigation pad. Such claim he has not only set up here but elsewhere, without, I assert, a shadow of authority in fact. Introducing the instrument here he has made it legitimate matter for discussion, not only as to the merits of the instrument, but the genuineness of its authorship. About five years ago I conceived the importance of an irrigation pad or cushion, and from a design of my own my friend, Dr. John Madison Taylor, made a drawing. The instrument, as drawn, was ordered through Kolbe. Dr. H. A. Kelly saw it not only at the instrument store, but also at my office. He there examined it, and we discussed its merits. I here present a bill from the New York Rubber Company for making this operating cushion, dated January 7, 1885.

Dr. KELLY said: I am sorry that anything so unpleasant should have come before the Society, and I should not have brought up the matter had not the remarks in reference to it been made so publicly after the last meeting that I have been forced to defend myself. I can only repeat that I have no recollection that Dr. Price ever spoke to me on this subject.

—A thoroughly equipped children's ward has been added to the Presbyterian Hospital, West Philadelphia, through the liberality of one well-known lady, and the new ward was opened on January 31. It is hoped to interest others in its support, the funds of the hospital being required for the maintenance of the sixty free beds in the general hospital. Five thousand dollars is required to endow a bed in perpetuity.

## NEW YORK ACADEMY OF MEDICINE.

*Stated Meeting, January 19, 1888.*

The President, A. JACOB, M.D., in the chair.

### A Method of Prophylaxis in Diphtheria.

Dr. AUGUST CAILLE read a paper upon the Prophylaxis of Diphtheria, in which he said that every physician of experience had probably noticed that in certain families one or more members regularly become sick with diphtheria in the spring or fall of the year. It had occurred to him that the persons thus afflicted might harbor the microbes or essentials to the development of the disease from one attack to the other in the nasal and oral cavities. To test the correctness of this opinion of auto-infection, he chose eight children, who had prior to 1885 suffered from two or more attacks of diphtheria, and instructed their parents to carry out the following directions: First, all carious teeth were to be filled or extracted, and to be examined by a dentist from time to time; second, the mouth was to be rinsed three times a day after meals with one of three solutions, namely: a three per cent. solution of chlorate of potassium in water; a five per cent. solution of liquor sodæ chlorinatæ in water; or a saturated solution of borax in water. Some of the liquid was to be drawn up the nose. These instructions were carried out faithfully, and during two years, from 1885 to 1887, none of the persons experimented upon contracted diphtheria, although some of them had light attacks of pharyngitis and amygdalitis. In the family of three, the mother and nurse had diphtheria, but the children escaped. This form of prophylaxis, he said, had received scarcely any mention in medical literature. Inasmuch as we were ignorant of the true nature of diphtheria, we could not claim ability to make a diagnosis, especially in the early stage, between this and other affections of the throat and mouth; hence the importance in all doubtful cases, and indeed of every case of disease of these cavities, of protective measures, consisting of cleansing and disinfection. Parents should examine the mouths of their children before they go to school in the morning, and when sore throat is prevalent the children should be kept at home, and the above measures carried out.

The President mentioned as two possibilities in connection with diphtheritic infec-

tion, that the poison might rest in the enlarged lymphatic bodies or diseased mucous membrane in one who had suffered from an attack, and thus auto-infection take place. The slightest scratch might be the seat of erysipelatous inflammation; this he thought might also be true respecting diphtheria, particularly when the abrasion lay in the mucous membrane of the oral or nasal cavities. Those suffering from any acute affection of the mucous lining of those cavities are more liable to take diphtheria when exposed to it than others were. Another point of importance is the fact that children suffering from diphtheria often had relapses before complete convalescence, and this he considered due frequently to reinfection from the poison resting in the furniture of the room. Hence the importance of change of rooms, if not of dwellings, and of thorough airing, if not disinfection.

The discussion was participated in by DR. SEIBERT, who emphasized the necessity for keeping the stomach in good condition if we would have children's mouths clean; by DR. L. E. HOLT, who had the impression that enlarged tonsils predisposed to diphtheria and made the attack worse, in which opinion the President agreed; by DR. WINTERS, who, when diphtheria existed in a family, gave the well children full doses of tincture of chloride of iron, quinine in tonic doses, and calomel in mild purgative doses; and by DR. FRUITKNIGHT and DR. HARRISON.

DR. T. R. POOLEY then read a paper on

**The Induction of Premature Labor in Amaurosis and Amblyopia in Albuminuria from Pregnancy.**

Among the indications for abortion in the albuminuria of pregnancy, disturbance of vision had not received the attention which its importance should demand. It had long been known that pregnant women were liable to disturbance of vision, but its importance had not been realized until written upon by Dr. Loring, who was first to suggest the induction of premature labor to save vision. It was true that in the case related by Dr. Loring it could not be shown by other symptoms that the kidneys were affected, but the value of his suggestions held good in this class of cases. The disturbance of vision connected with the albuminuria of pregnancy did not usually become prominent before the last months, and often grew worse for a time after pregnancy ceased; yet the lesion in the eye might begin at an early period after conception, as was evident in

some cases in which an ophthalmoscopic examination was made. The disturbance of vision might come on suddenly or gradually; it might be transitory or permanent; it might be slight or extend to complete loss of vision. The author related one case in his own practice, and several others in the practice of different physicians, in some of which spontaneous abortion took place with immediate marked improvement in vision. In others pregnancy was allowed to go on to full term. In others premature labor was induced, with improvement in the eye symptoms. He thought nature had given us a valuable lesson when in some cases she brought on spontaneous abortion, after which the ocular difficulty improved. He believed an ophthalmoscopic examination should be made regularly in all cases of pregnancy, just as we now examine the urine for albumin.

DR. LORING agreed with the author regarding the necessity for ophthalmoscopic examinations early in pregnancy. He spoke also of optic difficulties connected with other disturbances of the uterus than those related to pregnancy, but which in one case had nothing to do with nephritis.

DR. MURRAY had frequently made examinations of the eye with the ophthalmoscope during pregnancy, and, according to English observers, as quoted by Dr. Loring, the lesions referred to by the author of the paper as occurring in the albuminuria of pregnancy were present in more or less degree in a large percentage of the cases. Yet few women who had albuminuria had eclampsia, and few of these again had serious optic difficulties. Therefore such examinations, if generally practiced, would only give the physician and patient unnecessary anxiety.

After some further discussion the academy adjourned.

—Diphtheria and typhoid fever are prevailing to an alarming extent in the neighborhood of Ottawa, Canada. Every town and village has been visited by either one or both of the epidemics, and the death-rate during December, 1887, from these causes was unprecedented. Twenty per cent. of the deaths in Montreal in one week recently were from diphtheria. In Ottawa, typhoid fever appears to be the most prevalent. The hospitals are full to overflowing, and can take in no more patients. A commission has been appointed to hold an investigation. The water supplied to the city is being drawn from the vicinity of a creek into which all the refuse of a tannery is emptied, and which analysis shows is terribly polluted.

On Jan  
sent a p  
his care u  
long since  
ing to con  
asked Dr.  
a cure po  
chest foll  
then exist  
dent state  
disease cu  
him. Th  
for inform  
tion, and  
treating o  
informed  
tion was c  
städter's  
Archiv fi  
tion. So  
Dr. Sand  
his corre  
learned th  
but was h  
years of a  
to the ho  
says that  
years ago  
attack of  
was aspir  
ing to th  
moved.

(1883), a  
intercosta  
duced; h  
breathing  
to be good  
upon the  
out from  
that aspir  
tions were  
that such  
and treat  
He objec  
one, in h  
does not  
really bec  
instance  
has alrea  
being stat

## REPORTS OF CLINICS.

## ROOSEVELT HOSPITAL, NEW YORK.

SURGICAL CLINIC—PROF. SANDS.

## Ellstädter's Operation.

On January 7, 1888, Professor Sands presented a patient at his clinic who came under his care under peculiar circumstances. Not long since he had received a letter purporting to come from a country physician, who asked Dr. Sands whether the latter thought a cure possible in a case of fistula of the chest following by a pleurisy, which had then existed several years. The correspondent stated that if Dr. Sands considered the disease curable, the patient would be sent to him. The writer at the same time begged for information generally regarding the affection, and asked to be referred to some work treating of the subject. In reply, Dr. Sands informed the supposed doctor that the affection was curable, and that by means of Ellstädter's operation, and referred him to the *Archiv für Chirurgie* for further information. Some time thereafter a man called at Dr. Sands' office and introduced himself as his correspondent. It was subsequently learned that he was not a physician at all, but was himself the patient. He is thirty years of age, and single, and was admitted to the hospital on January 5, 1888. He says that he never was a strong man. Five years ago he had some brain trouble and an attack of pleurisy, with effusion. The fluid was aspirated four or five times, and, according to the patient's account, a gallon removed. In December of the same year (1883), an incision was made in the sixth intercostal space, and a drainage-tube introduced; but the fistula never healed. The breathing on the left side at present is found to be good; on the right, poor. His chest, upon the right side, is sunken and hollowed out from side to side. Dr. Sands thought that aspirations in cases of purulent exudations were of no use, in fact injurious; and that such exudations should be looked upon and treated as abscesses, that is, by incision. He objects to two openings being made, one, in his opinion, being sufficient; and does not believe in excising ribs, unless it really becomes necessary. "In the present instance the case is different; this patient has already two openings, and the chest, being flattened, the lung could not expand,

because the lung is bound down by adhesions and would not resume its volume, even after a cure had been effected." On being tested, the cavity of the sinus was found to hold a gill, and to extend upwards for about four inches; laterally and inferiorly to a much less distance. An incision having been made in the side of the chest, the skin flaps turned back, and the periosteum loosened from the ribs, a considerable portion of ribs was excised, and the soft tissue, consisting of thickened pleura, was then cut out by a curved incision. The wound was then probed. Dr. Sands was surprised to find that the sinus ran upwards for eight inches; and, greatly disappointed in his expectations, he decided not to excise any more ribs unnecessarily, as he now doubted of the cure he had promised this patient, but consoled himself with the knowledge that he would at least obtain good drainage. Two drainage tubes were then introduced, two being used so as not to exert too much pressure in the first place, and in the second, in order that the cavity might be washed out more readily, if necessary. The wound was then sutured and dressed in the usual way.

## Stricture of the Urethra.

The second case presented to the class by Dr. Sands was one of stricture of the urethra. The patient was 42 years of age, had had gonorrhoea three or four times before he reached his twenty-eighth year, but no attack since then. From the last attack he did not fully recover, having had a "running" ever since. The stream of urine which he is able to pass has become smaller and smaller, and he has now to pass his water every two hours at night. A prior examination revealed the fact that he had many strictures. The attempts to pass the larger and then the smaller sized sounds being unsuccessful, a filiform bougie was introduced. The Maisonneuve urethrotome thus guided, first a small-sized and then a large-sized knife was used to cut through the strictures. A few of these were present in the penile portion, and several in the course of the canal, among which was a very resisting one at about the junction of the membranous with the spongy portion of the urethra. The introduction of a No. 20 catheter and the drawing off of the urine was the final step. Prof. Sands is in the habit of leaving these cases severely alone for seven or eight days before beginning dilatation.

—The reports concerning the condition of the Crown Prince of Germany continue to be encouraging.







## PERISCOPE.

## Therapeutics of Diphtheria.

In a paper in the *Medical Record*, Dec. 24, 1887, upon the therapeutics of diphtheria, with especial reference to the oil of turpentine, Dr. Simon Baruch, who has had great experience with this disease as attending physician to the New York Juvenile Asylum and the Manhattan Hospital, says that disinfection of the throat is best accomplished by the frequent internal administration of tonic, astringent and antiparasitic remedies; not by the brush, probang, or atomizer. Neither water nor food should be permitted for ten minutes after the medicine has been swallowed, thus allowing it to bathe the diseased surfaces. When the patient is tractable and willing to aid the attendant, he advises the hourly application of a fifteen per cent. solution of tripsin. In one case a ten per cent. papayotin solution proved equal to tripsin, but much more expensive. In *nasal* diphtheria the tripsin solution is invariably prescribed, to be applied hourly with the medicine dropper or soft brush, because this can be accomplished without damaging the mucous membrane, even in an intractable child. It softens and pulpifies the false membrane, and facilitates its removal by injections of salt water, or 1 to 10,000 bichloride, which in this dangerous form he orders applied at frequent intervals. When the air-passages are involved, he also resorts to local treatment by inhalation of the vapor from boiling lime-water impregnated with oil of turpentine—one ounce of the latter to one quart of the former, used continuously. When properly applied, he says these inhalations have aided him in saving several of his patients from tracheotomy. Great care should be taken not to deprive the patient of an ample supply of pure air while the inhaling apparatus is in operation. It is a common practice, which he admits formerly practicing himself, to surround the patient by all possible safeguards against the escape of the medicated vapor. A tent is usually constructed around the couch, excluding to a great extent the air, and compelling the patient to inhale the vapor continuously in its fullest concentration. This is an irrational practice. A patient suffering from laryngeal stenosis requires a plentiful supply of oxygen. Hence it is of vital importance to enforce at least as free access of fresh air to the chamber in laryngeal as in the other forms of diphtheria. It is only necessary to direct the vapor by means of a tube to the immediate vicinity of the

noticed a swelling of the right arm. The swelling of the right arm was cut down upon, on October 11, and a necrosis of the humerus was discovered. The bone was gouged out, scraped, and the wound packed with iodoform gauze, and dressed. The tibia was next cut down upon, and an extensive necrosis of that bone found. This was chiselled, and a piece about three-quarters of an inch wide by two inches long cut out, the centre of which was necrosed. This cavity was also scraped out, and the wound plugged as above. On October 14, the patient was doing nicely. By October 21, the wound in the arm had almost filled up. On October 22, the wound of the leg was found to be doing very well. Sponge-grafts were introduced into the leg on November 1.

## Supra-Pubic Lithotomy.

P. R., aged eight, was admitted September 23, 1887, with a history of calculus of the bladder. He was sounded, and the stone being detected, supra pubic lithotomy was performed. The bladder having been injected, an incision was then made in the median line, in the usual way. A catheter being introduced, the peritoneum was then pushed back, the areolar tissue separated, and an incision next made down upon the catheter into the bladder. This incision into the bladder being enlarged, the stone, the size of a hazelnut, was then easily removed. A drainage-tube was next introduced into the bladder, and the wound allowed to heal by granulation. The abdominal wall was stitched up and around the drainage-tube, and the wound dressed antiseptically. On September 27, the boy's condition was fair; he showed slight evidences of peritonitis for the first three days. On October 6, the wound having separated, was filling with granulations, having a surface two inches square. The boy's condition was otherwise good. By October 13, the granulation surface was gradually decreasing. On October 21, the patient passed water by his urethra. On October 29, the patient developed an abscess on the left side of the neck, which was due to a decayed tooth. On October 31, the abscess was incised. The temperature had gone up to 104.8° F. November 2, the wound of the neck had healed. A hair-lip pin was then introduced into the vesical fistula, and the edges of the granulating wound brought together. November 5, the pin was found of no benefit, as the patient still passed urine from the abdominal wound. By November 20, the wound had entirely healed, and the patient was walking about.

patient's mouth. This application requires constant and unremitting care. In this, as in every other detail in the treatment of diphtheria, vigilance is the price of success; the physician must himself devote time to instructing the nurse again and again. The nurse should be warned against admitting cold air currents to reach the patient. As the latter is usually more or less somnolent in laryngeal diphtheria, it is not difficult to execute the necessary steps.

As to the general management of the patient and his surroundings, it is universally admitted that cleanliness of body, quietude of mind, and gentleness in nursing are among the chief elements of successful treatment. One point, however, he thinks deserves mention. In severe cases, especially if protracted, a change of rooms produces a marked effect. A fresh room, which has been thoroughly ventilated for twenty-four hours; a fresh bed, supplied with clean, well-aired linen, mattresses and blankets, and new surroundings, will effect a marvellous change in some protracted cases of diphtheria.

The administration of easily digested broth, milk, and stimulants must be left to the indications of each case. Care should be taken, however, to limit the quantity of food in proportion to the digestive powers of the patient. There exists in this disease, as in typhoid fever, a tendency to overfeeding.

As to internal medication he says his practice is to give every case of diphtheria, not presenting diarrhoeal symptoms, a full dose of calomel, from four to eight grains, according to age. This is followed in six hours, if necessary, by a saline laxative in the mild tonsillar cases, while in the more severe types the action of the calomel is aided by  $\mathfrak{z}\text{ij}$  to  $\mathfrak{z}\text{ss}$  of oil of turpentine. The latter usually produces several pultaceous stools. The gastro-intestinal tract is now prepared for the reception of food and the necessary medication; the temperature is usually reduced, and the patient's comfort enhanced. Hitherto these were the chief objects of the calomel treatment. We have now, he thinks, another reason for its value, in the fact that calomel in purgative doses has been successfully used to abort other infectious diseases, as has been demonstrated by Ebstein and others.

Tincture of the chloride of iron is another remedy which he prescribes in all cases of diphtheria, but he gives it in doses from eight to twenty-five drops every hour, only sufficient glycerine and water being added to somewhat soften its astringent taste; the more concentrated the better the local effect. It is administered

two hours after the calomel, and continued hourly or bi-hourly night and day. He lays stress only upon one point, unimportant as it may seem; *food or stimulants may precede the iron, but should never follow it immediately.* Then a local effect is obtained, which is readily recognized in the shrivelling of the deposit and the reduction of the circumjacent lividity. Bichloride of mercury is prescribed in all severe cases, especially when the uvula, nose, or larynx are involved. He administers oil of turpentine in doses of one drachm to half an ounce to children from six to fourteen years of age, once a day, often in cases demanding it. It may be given pure, followed by milk, or mixed with milk, or in emulsion. Vomiting occurs sometimes after the first dose, but the drug is usually retained afterwards. On two occasions his hospital nurse, alarmed by the rapid spread of the deposit, administered an ounce to children of twelve and fourteen years of age, with good effect. In about fifty per cent. of the cases it produces a laxative effect; it always stimulates the secretions of kidneys and skin; the odor is quickly detected in these as well as in the fæces.

He calls attention to the advantage of administering remedies in such form and rotation as to obtain their local antiseptic effect in connection with their general effect, and states that the entire number of cases treated by the method above indicated was thirty-nine—thirty being in hospital, nine in private practice. Mild and doubtful cases were rigidly excluded from this record. Among these thirty-nine cases there were two deaths, both in hospital practice; one occurred in sixty hours, and the other in fifteen days. In the first fatal case swallowing was so difficult that medication was not properly executed; in the second case the deposit disappeared so rapidly in three days that turpentine and bichloride were discontinued. Gastric irritability appeared several days later, when iron also was suspended. The patient died from neuritis.

#### Contributions to the Surgery of the Lungs.

Zielewicz reports the case of a boy, fifteen years old, who had been affected with a pneumonia, secondary to an attack of measles. Three months later, in examining the patient, he established the existence of an encysted pleural effusion, containing pus. He removed the sixth and seventh ribs to give vent to the pus. After having washed out the cavity he examined it by reflected light, and discovered on the surface of the lung a small nodule of the size of a pea, from which id

pus escaped  
he enlarged  
duced his  
was thus  
walnut, a  
left lung.  
strips of ic  
were free  
ratic cav  
was also  
a dressing  
mate gau  
plied. C

In ano  
thirty ye  
the thorax  
later, the  
contracte  
longer o  
the retain  
the sever  
ity and e  
his finger  
which, e  
the appe  
the lung  
been the  
Six week  
recovere  
devoted  
scuss wa  
as all the  
gory of  
pyema o  
—Gase

Cocaine

S. Lu  
Wochen  
for skin  
cent. s  
effective  
and su  
genital  
per cen  
proved  
ani, su  
fourths  
played  
for the  
ointme  
in two  
upon g  
with n  
tion in  
chorde  
It has  
solutio  
podern

pus escaped. With the aid of a long bistoury he enlarged this opening and then introduced his little finger into it. The cavity was thus found to be large enough to hold a walnut, and occupying the lower lobe of the left lung. The opening was tamponed with strips of iodoformed gauze, the ends of which were free and were brought out of the thoracic cavity. The cavity of the empyema was also tamponed in the same way. Then a dressing of chloride of sodium and sublimate gauze, with a layer of cotton, was applied. Cure resulted in eight weeks.

In another case, the patient was a man thirty years old, who had empyema, for which the thorax had been opened. Three weeks later, the opening which had been made contracted to such a degree that drainage no longer occurred, and fever resulted from the retained pus. Zielewicz then resected the seventh rib, washed out the pleural cavity and explored the surface of the lung with his finger. He happened upon a depression which, examined under sufficient light, had all the appearances of the residue of an abscess of the lung on the way to recovery, and of having been the point of departure for the empyema. Six weeks later, the patient had completely recovered. The author adds that he has not devoted himself to deciding whether the abscess was complicated with gangrene or not, as all the facts of the case place it in the category of those in which recovery from empyema occurred through surgical intervention.

—*Gazette Médicale*, December 10, 1887.

#### Cocaine in the Treatment of Diseases of the Skin.

S. Lustgarten reports to the *Wiener med. Wochenschrift* that in Prof. Kaposi's clinic for skin diseases, painting with a two per cent. solution of cocaine has been found effective in diminishing the itching of acute and subacute eczemas. In eczemas of the genitalia and of the buttock, a two to five per cent. ointment of cocaine in lanolin proved itself particularly useful. In pruritus ani, suppositories, each containing three-fourths grain of oleate of cocaine, are employed in addition. It has also been used for the following purposes: in a one per cent. ointment for painful abrasions of any kind; in two per cent. watery solution to paint upon granulations which are to be touched with nitrate of silver; and also as an injection into the urethra in painful erections, chordee, etc., in the course of gonorrhoea. It has also been used with a two per cent. solution of carbolic acid, in the form of hypodermic injections, in order to produce

local anaesthesia for minor operations, such as extirpation of epitheliomas, circumcision, and the like. In the same way it suffices for making painless hypodermic injections of calomel, for which purpose the needle of the instrument should be allowed to remain in the tissue while the barrel is removed to be filled with the calomel mixture. Arsenic injections can be made in the same way. If these substances were added directly to the cocaine solution, decomposition would occur. Daily use of cocaine in calomel injections the author regards as inadvisable, on account of the danger of inducing toxic effects. In some few cases the author observed palpitation of the heart, and general indisposition, tremor of all the extremities, and once even an epileptiform attack, from the hypodermic use of three-fourths of a grain of cocaine.

#### Scrofulous Neck and its Surgical Treatment.

Dr. William F. Gibb, in a paper published in the *Glasgow Medical Journal*, January, 1888, after discussing scrofulous neck and the remedies proposed for its relief, states his opinions in the following propositions:

1. In scrofulous disease of cervical glands we have a tubercular process of a mild type, seldom leading to generalized infection, but perhaps occasionally doing so; frequently concerned in predisposing to, or even directly occasioning, phthisis pulmonalis; and in the majority of cases deteriorating the general health.

2. Tubercular disease of the cervical glands is too often allowed to go on to a disastrous extent, without any active steps being taken to arrest its course, largely from a prevalent indifferent and helpless feeling on the part of the medical profession.

3. Slight cases, being of course offered every possible advantage in the matter of constitutional treatment, should be carefully watched; and if, after the lapse of months, or it may be a year or two, we find the disease spreading, it is wise to extirpate the affected glands while they are yet movable. In such cases the operation will be easy, and little or no deformity need result.

4. To quote Teale, whose directions are full and clear, surgical interference is demanded whenever a sinus resulting from a degenerating gland exists; whenever pus can be detected in connection with a gland; and whenever there are enlarged glands accessible to surgery in a patient in whom a caseous or suppurating gland has already been discovered.

The author appends to his paper four cases illustrative of the disease and its treatment.



### The Usefulness of the Trichloride of Iodine as an Antiseptic.

C. Langenbuch, of Berlin, communicates to the *Berliner klin. Wochenschrift*, No. 40, 1887, a paper upon the usefulness of trichloride of iodine as a disinfectant and antiseptic. He finds that it does the work, in abdominal surgery, of a four per cent. solution of carbolic acid, or of a five-hundredth of one per cent. to one-tenth of one per cent. solution of bichloride. Riegel has declared that there is no fear of poisoning from its use in surgical practice; but, in spite of this assertion, Langenbuch states that he always employs it cautiously, especially at the beginning. The following are his conclusions with regard to the antiseptic power of the trichloride, which we take from the *Allgemeine med. Central-Zeitung*, Dec. 7, 1887:

1. In watery solution, the trichloride is an active disinfectant, being capable of killing vigorous spores of bacilli, even when it is in great dilution (1-1000). Solutions in oil and alcohol are inactive. Its spore-killing power surpasses by far that of carbolic acid, and, in this respect, among the ordinary disinfectants, stands next to the bichloride.

2. In its behavior toward bacilli free of spores, and toward cocci, it exhibits about the same activity, in a solution of one to one thousand, as a carbolic acid solution of three in one hundred. In greater dilution it in some experiments appeared to exceed carbolic acid in power.

3. The antiseptic properties of the trichloride are effectual in preventing the development of the micro-organisms of infectious wounds, if it is added to the nutritive gelatine in the proportion of one in two hundred.

The author concludes his paper by saying that he has used the trichloride in all kinds of major operations, and has obtained throughout successful results. In abdominal operations its value seemed particularly striking, as it was disinfectant without giving rise to any toxic symptoms. He has also used it internally in solutions of one part in 1200 to 1500 in dyspepsia with fermentation, and also as an injection in gonorrhoea.

### Amylene Hydrate as a Hypnotic.

In the *Deutsche med. Wochenschrift*, January 5, 1888, George Avellis reports the result of experimentation with this new hypnotic in Riegel's clinic, at Giessen. The following propositions cover the results obtained in over three hundred trials with over forty patients:

1. Amylene hydrate can be depended upon

as a hypnotic, if a sufficient dose is given. Control experiments have resulted in showing that it is weaker in this respect than chloral, but stronger than paraldehyde. 2. It acts upon people who are accustomed to narcotics; yet for such patients a large dose (sixty grains) is required. 3. Sleep occurs for the most part quickly, without a preceding stage of excitement. The sleep is more or less sound in proportion to the size of the dose, but it is always possible to easily wake the patient. On being waked, the patients are completely clear in mind, answer questions correctly, and, if not further disturbed at once drop off to sleep again. 4. Sleep lasts, when small doses are given, two or three hours; when larger doses (thirty to thirty-six grains) are given, six to eight hours. 5. The awaking resembles entirely that of the natural sleep, and the patients feel strengthened. 6. The respiration is unaltered. 7. The change of pulse and blood pressure, apart from the slight slowing in the pulse rate which is to be observed even in normal sleep, does not occur after the administration of amylene hydrate, as is shown by sphygmographic tracings, which were taken by Prof. Riegel from different patients. 8. The bad taste and smell on awakening, which often after the use of paraldehyde annoys the patient and those about him, has never been observed from amylene hydrate. 9. Whether patients become accustomed to the drug, or not, can not yet be decided. In the author's experiments it was never necessary to increase the dose after it had been employed repeatedly for some time. In one patient, a hysterical woman, who had taken thirty-six grains of amylene hydrate, a condition of intoxication developed. The skin of her face was reddened, the pulse quickened; she was talkative, and stated that she was as though intoxicated. After the lapse of four hours, sleep occurred. Another patient took thirty-six grains at one o'clock in the morning, and on the next day felt as though he had been under the influence of a hypnotic. Probably the late hour at which the drug was taken was to blame in this case. The drug failed in three cases: one of these was a patient with delirium during erysipelas, one a patient with beginning insanity, and one a patient suffering from very violent neuralgia. In the irritative cough of phthisis, the cough was not increased, but rather diminished.

When the drug cannot be administered by the mouth, as in severe disease of the stomach, or ulcerous processes in the pharynx, it may be given with water and gum Arabic in the form of an enema.

Medical

ISSUED

CHARLES

Original published; place of publication. The Terms of this office. Med. and S. Quarterly O. Superior and Superior's. All letters sent order.

Drs.

F. G. Box,

A correct and surgical. The edition of

MASTU

The vic limited to gnated t (tribe in to the time man, had Venus.

wax or of among t Chinese.

down to n and more called att

ary vice stances of of mastu

notice of urethral.

dian (sin elitoris b Peculiar

culated ame titi

Marlin \*Thur 2 Mlle. Gôr

# THE Medical and Surgical Reporter.

A WEEKLY JOURNAL,  
ISSUED EVERY SATURDAY.

CHARLES W. DULLES, M. D., EDITOR.

Original Contributions will be paid for when published; or 200 reprints will be furnished in place of payment, if a request is sent with the manuscript.

The Terms of Subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	\$5.00
Quarterly Compendium of Med. Science, -	2.50
Reporter and Compendium, -	6.00
Physician's Daily Pocket Record, -	1.25
Reporter and Pocket Record, -	6.00
Reporter, Compendium and Pocket Record, 7.00	

All letters should be addressed, and all checks and postal orders drawn to order of

**DR. RANDOLPH & DULLES,**

N. E. Cor. 13th and Walnut Streets.

P. O. Box, 843.

Philadelphia, Pa.

A correct statement of the circulation of THE MEDICAL AND SURGICAL REPORTER is published in each number. The edition for this week is 4,500 copies.

## MASTURBATION IN WOMEN AND GIRLS.

The vice of masturbation is far from being limited to the male sex. The ancients designated female masturbators as *tribades*<sup>1</sup> (*tribein* to rub), and the Lesbian women from the time of Sappho, that ancient erotic woman, had the reputation of solitary sacrifice to Venus. There is evidence that phalli of wax or of wood were offered publicly for sale among the Romans, as now among the Chinese. That the odious practice has come down to modern times is also evident enough, and more than one romance of our day has called attention to the prevalence of the solitary vice (tribadism) among women.<sup>2</sup> Instances of each of the three following forms of masturbation frequently come under the notice of the physician: vaginal, clitoridian, urethral. Of these three forms, the clitoridian (simple titillation or friction of the clitoris by the hand), is the most common. Peculiar movements of the body, often calculated for this end, may accomplish the same titillation of the clitoris ending in vo-

luptuous spasm. In one large tailoring establishment Pouillet found a number of girls who had become addicted to masturbation by the use of the sewing machine; they had learned the habit of sitting in such a posture that the motion of the feet on the treadle brought about a pleasurable friction of the clitoris by the thighs.<sup>1</sup> A confirmed female masturbator will practice the vice by rubbing the genitals against the arm of a chair, the corner of a piece of furniture, or even by divers contortions of the body. Vaginal and urethral masturbation has sometimes resulted in the lodgment of foreign bodies in those passages, and the intervention of the surgeon to remove the foreign body has been necessary. Dupuytren in one instance extracted a *tin-cup* from the vagina of a confirmed masturbator;<sup>2</sup> and, in another, a needle-case, introduced into the urethra, was successfully removed, after being present in this canal for a month.<sup>3</sup> The list of substances used for the purpose indicated is varied: from spoons, needle-cases, bottles, glass cups, etc., in the vagina, to needles, ear-picks, pieces of wood, and hair-pins in the urethra. Confirmed victims of secret vice have been known even to provoke titillation of the uterus by hair-pins, pieces of reed, etc., as in an instance recorded in the *Journal de Médecine et de Chir.*, vol. xiv, p. 70.

With reference to the female masturbator observers have not failed to remark the obstinacy with which the vicious practice is often adhered to, despite every possible means of repression. Girls often begin this secret habit at a very young age, taught (though not always) by lewd nurses or playmates; and the frequency and persistency with which the pollutions are repeated, notwithstanding all opposing moral agency and all physical restraint, is appalling. Nearly all physicians at some time or other have had experience of such cases.

As for the causes of this vice, when we think of the altogether disproportionate share which sensual and sexual gratifications have

<sup>1</sup> Martial, 7-67; Phædrus, 4, 15.

<sup>2</sup> *Thou Mademoiselle de Maupin*, by Th. Gautier; *Mlle. Gervais, ma femme*, by A. Belot; *La Fille aux yeux d'or*, by Balzac.

<sup>3</sup> *L'Onanisme chez la femme*, 5ième ed., Paris, 1888.

<sup>2</sup> Poulet: Foreign Bodies in Surgery, vol. ii, p. 195.

<sup>3</sup> *Id.*, p. 218.

in the daily lives of multitudes, the intense pre-occupation of their minds with such matters and the interest taken therein—as is evidenced in the popularity and sale of certain recent French novels; moreover, when we consider the sure influence of heredity: "*Casta refert casta genitricis filia mores; lasciva nunquam filia casta fuit*," we do not wonder at the numerous instances in which this unnaturally developed and predominant passion has overflowed the bounds of decency, morality and physiological sanity. Pouillet makes four principal orders of causes: (a) physical, (b) social, (c) intellectual and moral, (d) mixed. Among the physical causes, climate has a certain share: the salacity of the inhabitants of hot climates has been recognized from remote antiquity. Want of cleanliness is an important factor, provoking irritation of the genitalia by the acridity and irritation of retained secretions. The same irritation, provocative of frictions which end in habits of masturbation, may be caused by ascarides, vegetations at the entrance of the vagina, vaginitis simple or blennorrhagic, vulvitis—and especially that variety of vulvitis which is localized near the clitoris—pruritus of the vulva, certain affections of the skin and mucous membrane whether local or general, and certain inflammations of the uterus and ovaries. Highly seasoned foods and stimulating drinks may favor this vicious habit, and certain cases of inveterate onanism appear to have originated in cerebral disease. Numerous instances have been met with in which the abominable habit was a manifestation of an insane neurosis, idiocy, or dementia.

Among the social causes, an indolent, sedentary and luxurious life is doubtless influential. Every conceivable perversion of the sexual function prevails in the harems of the East. Lewd romances, lascivious pictures, examples which favor precocious or inordinate sexual development, may be reckoned among the intellectual or moral causes.<sup>1</sup>

In treating of the consequences of onanism, it may be remarked that these are essen-

tially the same in both males and females. This vice entails just such functional incapacity and apæmia of the brain and spinal cord as do all the other sexual abuses. It is doubtless more the frequent repetition of the act, than anything else, which renders masturbation so deleterious. The miserable victim steadily loses will power, and suffers deterioration of the higher faculties; and eventually the unnatural passion becomes dominant. Doubtless women, in consequence of the greater delicacy of their nervous organization, are the greatest sufferers from the effects of this vice.

Making all due allowance for exaggeration, and for mistakes arising from simple concomitance, there is evidence that, besides neurasthenia, nearly all functional nervous diseases may have their origin in self-pollution; this remark is true of both sexes. Putzel reports a case of epilepsy in a female aged nineteen years, which was clearly traceable to an inveterate habit of masturbating, commencing at the age of nine years.<sup>1</sup> Tissot, in his treatise on onanism, alludes to the frequency of epilepsy in the female as a result of self-abuse, and the aggravation of the crisis by repetition of the pollution. More than one case of epilepsy has been benefitted, if not cured, by clitoridectomy.

There is an analogy between the venereal spasm and epilepsy which has given rise, among the older medical writers, to the application to the former of the term *epilepsia breviar*. There is some clinical evidence that that obscure and protean malady, hysteria, is often due to habits of masturbation (Jolly, Bridges, Tissot, Kiwisch, etc.); catalepsy, ecstasy and chorea have also been referred to this vice. Pouillet relates a case of a choreic patient under his care, who, after intervals of apparent reformation and health, would be again afflicted with chorea when she resorted to her old habits of masturbation.<sup>2</sup>

Whether or not the grosser encephalic and spinal lesions ever result directly from the vice, it may not be possible to assert.

<sup>1</sup> Vide Parvin, in *Medical and Surgical Reporter*, Dec. 24, 1887, p. 826.

<sup>1</sup> Functional Nervous Diseases, p. 53.

<sup>2</sup> Pouillet, *op. cit.*, p. 152.

tively; a  
doubt the  
dation an  
ble chang  
the chara  
self-abuse  
are timic  
irritable,  
feeling, i  
tions or g  
teristic o  
spend lo  
ing noth  
Maudsle  
display  
unbecom  
the con  
out the  
tude." "I  
be look  
that the  
sense sh  
abuse of  
original

SCARLET

Among  
fever no  
thy of s  
STICKLE  
scribed  
Medical  
this pap  
scription  
as it m  
animals  
species,  
he has  
observa  
to scarl  
that acc  
with se  
sufferin  
duces a  
tion th  
remark  
cation-  
ay, pro  
fever p

• Mau



tively; at the same time there can be little doubt that a peculiar form of mental degradation and alienation, characterized by notable changes in the affective faculties and in the character, is frequently a consequence of self-abuse. The victims of the genesic vice are timid, sheepish, inordinately sensitive, irritable, capricious, impatient, selfish, unfeeling, incapable of lofty thoughts, noble actions or good sentiments. One marked characteristic of this class of patients is that they spend long periods without weariness in doing nothing, or in doing very trifling things. Maudsley says: "they are wrapped up in self; display a vanity and self-sufficiency quite unbecoming their age and position; exact the constant indulgence of others without the least thought of obligation or gratitude." "Perhaps," adds Maudsley, "it may be looked upon as a fitting retribution that the completed destruction of the moral sense should have its cause in the vicious abuse of that instinct in which it had its original root."<sup>3</sup>

#### SCARLET FEVER AND FOOT AND MOUTH DISEASE.

Among recent studies in regard to scarlet fever none is more interesting or more worthy of serious consideration than that of Dr. STICKLER, of Orange, New Jersey, as described in a paper published in the *New York Medical Record*, December 10, 1887. In this paper, the author gives an admirable description of so-called foot and mouth disease as it manifests itself in man and in lower animals, especially of the equine and bovine species, and an interesting account of what he has learned, by reading and by personal observation and experiment, of its relation to scarlet fever. From this account it appears that accidental inoculation of human beings, with secretion from the lesions of animals suffering with foot and mouth disease, produces a disease so similar in its manifestation that it seems to be identical. A more remarkable result of his studies is the indication—we cannot say, and he does not say, proof—that a previous attack of scarlet fever protects against the development of the

disease from the ingestion of milk from animals suffering with scarlatina. That this may be a fact appears to be proved by a careful study of the cases of epidemic sore throat occurring in Dover, England, in 1884, which were attributed to the use of milk from cows suffering with apthous fever. We cannot go into the details which Dr. Stickler has obtained, with the co-operation of Dr. M. K. Robinson, medical officer of health of East Kent, England; but commend them to the attention of our readers.

Another deduction from Dr. Stickler's observations and experiments is the theory that designed inoculation with the virus of mild apthous fever (foot and mouth disease) in cattle affords protection against the accidental production of scarlet fever by contagion. Impelled by his convictions in regard to the relation existing between these diseases—or, it may be, their identity—he has actually inoculated a considerable number of human beings with the virus of apthous fever, and has afterwards deliberately exposed some of them to the risk of contracting scarlet fever, with every effort to make this risk as great as possible. The result has been fortunate for an experiment which most men would regard as extremely hazardous. None of the subjects of his experiments contracted scarlet fever! And no one can question the conclusion which he states, with every proper reserve, that such inoculation appears to have a prophylactic value analogous to that of Jennerian vaccination.

It is impossible as yet to state positively—and Dr. Stickler appreciates the fact fully—that inoculations with the virus of a mild apthous fever will serve as a reasonably safe and sure protection against the accidental contraction of scarlet fever; but his studies and experiments are deserving of the most thoughtful consideration. Many of our readers may be in a position to throw light upon the relation of eruptive diseases among cattle to the appearance of scarlet fever among their patients, as we have already stated in the *REPORTER*, Nov. 26, 1887; and we hope they will co-operate with him, and with investigators on the other side of the Atlantic, in eluci-

<sup>3</sup> Maudsley, *Pathology of the Mind*, 3d ed., p. 453.

dating this important feature of the natural history of scarlet fever. As to preventive inoculations, we think they may for the present be left to those whose faith is clear in regard to their value; but we may indulge the hope that what Dr. Stickler suggests as to their worth as a prophylactic may not prove an *ignis fatuus*. If it be established as a fact, it will be of incalculable benefit to humanity.

#### EASTON PHYSICIANS FIFTY YEARS AGO.

We have received a copy of the *Easton Daily Express*, January 16, 1888, containing a communication from Dr. Traill Green, in which he defends the Easton physicians of about the year 1830 from a charge contained in the autobiography of the late Dr. Gross, that at the period in question the medical profession of that town was in a decidedly mediocre condition, without science, without learning, without progress, and apparently without ambition.

Dr. Green naturally objects to such a criticism of his townsmen, and warmly enters the lists to show that Dr. Gross's judgment was a mistaken one. In this we think he is entirely successful, and we share the general regret that one who in his life seemed to take such pains to avoid wounding the self-love of his fellow-workers should now be authority for a statement which certainly could not be expected to please them. The physician of fifty years ago cannot be judged fairly by the standard of the present day, and we have no doubt that the physicians living in Easton at that time were as conscientious, as intelligent and as skillful as any similarly situated medical men. The criticism of Dr. Gross must, therefore, be regarded as one of those lapses to which all men are liable, and from which no autobiography is free; and we trust that now, when the reputation of the Easton physicians has been so fully and so ably vindicated, the feeling naturally excited by the injustice done them will disappear, and the memory of Dr. Gross will not lose any of the honor which it deserves.

## BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the *Reporter*.]

**THE PRACTICE OF MEDICINE AND SURGERY APPLIED TO THE DISEASES AND ACCIDENTS INCIDENT TO WOMEN.** By W. H. BYFORD, A. M., M. D., Professor of Gynecology in Rush Medical College, and HENRY T. BYFORD, M. D., Surgeon in the Woman's Hospital of Chicago, etc. Fourth Edition. Thoroughly revised, rewritten and enlarged by over one hundred pages, with three hundred and six illustrations. 8vo, pp. xxiv, 820. Philadelphia: P. Blakiston, Son & Co., 1888. Price, cloth, \$5.00; leather, \$6.00.

This large and handsome volume is one of the best recent productions in the field of gynecological surgery. It is the work of experienced men, who have observed carefully and studied thoroughly the subject of which they treat. It is fully abreast of the present position of medical knowledge in regard to the diseases peculiar to women, and may be safely taken as a guide in their treatment. We note that the authors, without discussing theoretical questions in regard to it, are firmly convinced of the value of the so-called antiseptic method.

In looking through the book we observe an omission which might be filled by a careful study of the number of the *REPORTER* for January 21, 1888. But omissions are not easy to find in it.

We cannot conclude our notice without a word of praise for the manner in which the publishers have co-operated with the author in making this book attractive and instructive. It contains a very large number of admirable illustrations, a hundred of which have been drawn and engraved especially for this edition; and the illustrations aid materially in making the text clear. We congratulate both the authors and the publishers on the appearance of this work, and recommend it heartily to our readers.

## PAMPHLET NOTICES.

**A CONTRIBUTION TO THE STUDY OF CYSTS OF THE VAGINA.** By GEORGE WOODRUFF JOHNSON, A. M., M. D., Washington, D. C., Lecturer upon Operative Gynecology in the National Medical College, etc. From the *American Journal of Obstetrics and Diseases of Women and Children*, 1887, Nos. 11 and 12. 49 pp.

**A CLINICAL ANALYSIS OF SIXTY-FOUR CASES OF POISONING BY LEAD CHROMATE (CHROME YELLOW) USED AS A CAKE-DYE.** By DAVID DENISON STEWART, M. D., Chief of the Medical Clinic in Jefferson Medical College, etc. From the *Medical News*, December 31, 1887. 21 pp.

**REPORT OF A CASE OF TUBERCULOUS PHARYNGITIS TREATED WITH THE PNEUMATIC CABINET.** By WILLIAM B. WOOD, M. D. From the *New Medical Journal*, November 12, 1887. 6 pp.

**REPORT OF A CASE OF WLADIMIROFF-MIKULICZ TEOPLASTIC RESECTION OF THE FOOT.** By BARTON HOPKINS, M. D., Surgeon to the Episcopal Hospital, Philadelphia. From the *Medical News*, December 3, 1887. 7 pp. and a tabular statistics.

ALUMNI SOCIETY OF THE UNIVERSITY OF PENNSYLVANIA. 2, 1887, W. H. REYNOLDS, A. M., Philadelphia: Col.

THE UNIVERSITY OF PENNSYLVANIA. REYNOLDS, A. M., Philadelphia: Col.

—Dr. John case of multi operated in 1 of this kind liography of regards as th Schröder, w the part of t vagina, and the lining n the line of f into the vag brane becom This pamph cuts.

—Dr. Ste number of of cakes arti led to his great medi to note th there were

—Dr. W of a case followed tr net, and th uted to thi will questi results of much, that

—Dr. H cept Dr. formed thi by Wladim for the arti well desc American and is w before us, which he illustrated of twenty he better been in I line's pay

—This reports ing, and of the U hall for p five Cor fuller pe al in go operation very mo

—Dr. semible hygienic dem young all ages

ALUMNI SOCIETY OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA. PROCEEDINGS OF THE ANNUAL MEETING HELD MAY 2, 1887, WITH AN ADDRESS BY JOHN T. CARPENTER, A.M., M.D., of Pottsville, Pa. Philadelphia: Collins Printing House, 1887. 23 pp.

THE UNIVERSAL HEALTH CODE. BY EDWARD PLAYTER, M.D. Ottawa: Printed by Mason & Reynolds, 1887. 16 pp.

—Dr. Johnson's pamphlet contains an account of a case of multiple cysts of the vagina, upon which he operated in 1887, with a full history and description of this kind of tumors, and a very complete bibliography of the subject. The operation which he regards as the best for cysts of the vagina is that of Schröder, which consists in removing with scissors the part of the tumor-wall which protrudes into the vagina, and stitching the mucous membrane and the lining membrane of the cysts together around the line of the cut. In this way the cyst is turned into the vagina, and the remains of its lining membrane become converted into mucous membrane.

This pamphlet is illustrated with four good wood-cuts.

—Dr. Stewart's studies in connection with a large number of cases of poisoning attributed to the use of cakes artificially colored with chrome-yellow have led to his publication of a paper which is of very great medico-legal value. It is somewhat startling to note that in the sixty-four cases here reported there were eight deaths.

—Dr. Wood's paper contains an interesting account of a case of phthisis in which great improvement followed treatment by means of the pneumatic cabinet, and the result obtained seems to be justly attributed to this treatment. But there may be those who will question the author's sweeping statement that the results of this method "indicate the skill, little or much, that manipulated the instrument."

—Dr. Hopkins is the only surgeon in America, except Dr. Fenger, of Chicago, who has as yet performed this useful operation, which was aptly termed by Wladimiroff, who first practiced it, the operation for the artificial production of pes equinus. It has been well described by Dr. Fenger in the *Journal of American Medical Association*, January 29, 1887, and is well described by Dr. Hopkins in the paper before us, which contains an account of a case in which he obtained an excellent result. The paper is illustrated with two wood-cuts, and contains a table of twenty-two operations. This operation deserves to be better known and appreciated than it has yet been in English speaking countries, and Dr. Hopkins's paper is a valuable contribution to this end.

—This pamphlet is of the character usual to such reports. The address of Dr. Carpenter is interesting, and contains a recommendation that the Alumni of the University of Pennsylvania erect a memorial hall for public exercises. The report of the Executive Committee calls attention to the need of a fuller pecuniary support of the Society by the Alumni in general, and appeals for their aid and co-operation by joining the Society and paying the very moderate dues of one dollar a year.

—Dr. Playter's little tract contains a good deal of sensible advice in regard to a number of matters in hygiene and the treatment of emergencies and accidents. It is apparently addressed mainly to the young, but might be read with profit by persons of all ages.

## LITERARY NOTES AND QUERIES.

[In this column the REPORTER will publish short items of literary interest and questions addressed to this Journal or its readers, and answers to them. In regard to any literary matters: books, authors, places and prices of publications, etc.]

—The *Illustrirte Monatsschrift der Aertztlichen Polytechnik*, which recently united with the *Centralblatt für Orthopädische Chirurgie und Mechanik*, announces, in the number for January, 1888, that arrangements have been completed for the publication of a French edition of the united journals, which will be edited by Drs. Leblond, of Paris, and Pasquier, of Evreux.

—The *Journal of the N. E. Va. Medical Society* is an 8vo pamphlet of 22 pages, to be published monthly at Bethel Academy P. O., Virginia, by Thomas W. Smith; price, \$1.00 a year. Vol. I, No. 1, is a sprightly number of 22 octavo pages, and contains matter of interest. It deserves the support of the members of the local society, and in later numbers will doubtless give evidence of more careful proof-reading.

—The *Journal of Dietetics* is a periodical published quarterly, at Cleveland, Ohio; price, 50 cents a year. During 1887 four numbers were issued, consisting in all of 88 pages. It has every appearance of being a trade journal, published in the interest of a malt-extract manufacturing company, and does not seem to deserve to be regarded as a medical journal in the ordinary acceptance of this term. The number for October, 1887, contains three articles, one of which seems to be original.

—The *Doctor* is the title of a 12 page quarto-size paper, published in New York, by Charles Avery Welles. It is issued twice a month; price, \$2.00 a year. It aims to be chatty and interesting. The number before us is largely occupied by communications from Dr. J. B. Mattison, of Brooklyn, on the subject of narcotic habits, in regard to which he seems to be somewhat of an alarmist. Under the head of "Omnium Gatherum," we find many interesting items, some of them decidedly more chatty than dignified. The general plan of the paper is good; but the number for December 1, 1887, does not impress us favorably.

—The *Medical Analectic*, with January 1, 1888, became a weekly journal instead of a monthly. The first number contained 16 pages; the second contained 12. It is made up wholly of abstracts taken from a variety of American and foreign medical journals, very much like the *Periscope* and *Notes and Comments* in the REPORTER. It is in many respects a very good journal; but we regret to observe that it begins the year by publishing advertisements in its reading pages, with head-lines exactly like those used for its scientific abstracts. This is a course which we think no properly conducted medical journal would pursue, and one against which we think subscribers to medical journals should strenuously protest.

—There is considerable excitement in Brooklyn about the increase of small-pox in Adams street, Willoughby avenue, Henry street and other localities. Since January 23, no fewer than twenty-three cases have been reported.



## CORRESPONDENCE.

## Large Brain in a Woman.

EDITOR MED. AND SURG. REPORTER:

Sir:—On November 29, 1885, I made an examination of the body of Mary Steele, of Castleton, Vermont, who had died the day before from a prolonged debauch. The autopsy was made by order of the Board of Coroners. I was assisted by Drs. James Sanford and C. C. Nichols, of that town. The woman was of Scotch-Irish descent, unmarried, between 45 and 50 years of age, and nearly five feet ten inches in height. Her features were coarse, and she had a masculine appearance.

She was addicted to drink and brawls. Thanksgiving Day of 1885 was celebrated in such a manner, and in the brawl she was found dead. At the autopsy, the body bore many marks of violence, which even extended through the thoracic walls, and the lungs were found with patches of extravasated blood. The entire intestinal tract was congested. The brain was removed entire; the spinal cord being severed just below the medulla oblongata, and no portion of the dura mater being left attached. The veins on the surface of the brain were turgid with fluid blood; the structure seemed healthy. The organ seemed so large that we were induced to weigh it. Before doing this it was placed on a dry towel, and all the moisture was absorbed from the surface, and light pressure was made upon the organ to squeeze out any that did not properly belong there. The beam tipped quickly at fifty-five ounces avoirdupois. That there might be no doubt about the accuracy of the scales I had it verified with other scales.

Yours truly,

JOHN M. CURRIER, M.D.

Newport, Vermont,

Jan. 12, 1888.

—In the Pure Food Convention at Washington, on January 20, resolutions were adopted urging the immediate enactment of laws to prevent the adulteration of foods, drinks and drugs. The convention refused to recommend special legislation in regard to lard and oleomargarine. A permanent National Pure Food Association was organized and officers were elected for the ensuing year. A vice-president from each State represented in the convention was also elected. The old Committee on Legislation was continued, but was strengthened by the addition of the President, three secretaries and the treasurer.

## NOTES AND COMMENTS

## Somnambulism Caused by Atropine.

In the *St. Louis Med. and Surg. Journal*, January, 1887, A. D. Williams tells the story of a man for whom he prescribed an atropine solution to be dropped in the eye for contraction of the cornea. The solution was of the usual strength (one grain to two fluid drachms?) and was ordered to be dropped in the eye five times a day. After two or three days of this treatment the patient arose one night towards morning, and in a somnambulist condition, and clad only in his night shirt, left the house and walked eight or ten blocks away. It was during warm weather, and most of the houses had their windows open. Entering one of these he wandered about the house until awakened by the vigorous snoring of one of the sleepers. Making his way out of the house, he found himself in a strange neighborhood, and had some difficulty in finding his way home, being mistaken once for a ghost. Dr. Williams expresses the opinion that the atropine was the direct cause of the somnambulism, as the man had never before shown the slightest tendency to wander in his sleep. The frequency of application of the drops was diminished and no further ill-effects were noticed. Two other instances in which the drug produced temporary dementia in boys are also mentioned.

## Salicylate of Soda for Dysmenorrhœa.

Dr. C. Mettenheimer, of Schwerin, reports in the *Memorabilien*, December 12, 1887, a case of dysmenorrhœa which was greatly benefitted by taking salicylate of soda during her menstrual period. The patient was a woman, thirty-eight years old, who had borne three children. She menstruated regularly, but the flow was scanty and accompanied with colic. She happened to have an attack of rheumatism at one of her periods, and Mettenheimer put her to bed, and gave her fifteen grains of salicylate of soda every hour. After she had taken four doses her rheumatic pains disappeared. At the same time her menstrual flow increased very much, but did not become free enough to excite any uneasiness. It also lasted a day longer than usual. It is not stated that the colic disappeared, although this seems to be implied in Dr. Mettenheimer's communication.

## Glycerine Injection for Constipation.

The injection into the rectum of so much a quantity of glycerine as from a third to half of a fluid drachm is said to produce

stool in ob-  
or adults.  
12, 1887,  
Winer me-  
the method  
well describ-  
there certain

D. Boni  
chloral cam-  
ordinary ve-  
cantharides

Camp-  
Chloro-  
Canth-

The pul-  
chloral hy-  
fused, the  
and the m-  
F. one ho-  
strained a  
bottle. I  
or in the c-  
simply pe-  
circumstan-  
great adv-  
Quarterl-

Applic-

A mix-

Ether  
Flexi-  
Salicy-  
Morp-

painted  
gout or  
great rel-

M. B.

is pract-  
jority of  
cially t-  
heart v-

recomm-  
be inse-  
the rig-  
the ste-

ity. V-  
the ne-  
costal

edge of  
tricle

wall is  
and th-  
peric-  
pleter-  
great

stool in obstinate constipation in children or adults. In the *Memorabilien*, December 12, 1887, there is an abstract from the *Wiener med. Presse* in which the effects of the method and its mode of operation are well described. The results attributed to it there certainly invite to its trial.

#### New Blistering Liquid.

D. Boni (*Giorn farm. trent.*) recommends chloral camphor as superior to any of the ordinary vehicles for the active principle of cantharides. His preparation consists of

Camphor .....	20 parts.
Chloral hydrate.....	30 "
Cantharides.....	10 "

The pulverized camphor is mixed with the chloral hydrate and heated to 140° F. until fused, the bruised cantharides is then added, and the mixture digested at 140° to 158° F. one hour, with occasional stirring, then strained and preserved in a glass stoppered bottle. It is to be applied by a compress, or in the case of children or delicate women, simply pencilled over the surface. The circumstance that it is non-volatile gives it a great advantage over cantharidal collodion.—*Quarterly Therap. Review*, January 1, 1888.

#### Application for Gout and Rheumatism.

A mixture made up of

Ether.....	15 parts
Flexible collodion.....	15 parts
Salicylic acid.....	4 parts
Morphine.....	1 part

Painted every hour on joints affected with gout or chronic rheumatism is said to afford great relief from pain.

#### Aspirating the Heart.

M. Budin thinks that puncturing the heart is practicable and not dangerous in the majority of cases, and that it is destined especially to remedy the dilatation of the right heart when there is no organic lesion. He recommends that the aspirating needle should be inserted in the third intercostal space on the right side, and close up to the edge of the sternum in aspirating the auricular cavity. When the ventricle is to be aspirated, the needle should enter the fourth intercostal space on the left side close to the left edge of the sternum. Puncture of the ventricle should be preferred, as the cardiac wall is much thicker and less prone to tear, and thus exposes less to hemorrhage into the pericardium. Cardio centesis acts as a depicter of the right heart, and might give great relief to a distended heart.

#### False Charge against a Physician.

The *Lancet*, January 14, 1888, states that false charges of an infamous character against medical men are too common. But one of a singularly audacious and mendacious nature has met with signal exposure and retribution in Ireland. An action was brought against Dr. Henry Davy, of Terenure, county Dublin, to recover damages (\$5000) for alleged criminal connection with the plaintiff's wife. Three witnesses for the plaintiff in succession, his daughter-in-law, servant and daughter, said they had been offered money to swear falsely against the defendant, and had not a word of evidence to give against him. It seems that the mother had kept the family for years, and that the father and plaintiff was a ruffian and villain, who had always treated his wife and family in a shameful manner. The Recorder said that in all his experience he had never known a more atrocious or infamous case, or a more scandalous attempt to ruin a wife and to obtain money. He ordered the Crown Solicitor to prosecute the plaintiff for perjury.

#### Unique Method of Inducing Abortion.

Dr. A. Harris reports in the *Journal of N. E. Va. Medical Society*, Jan., 1888, that he was requested to see a case of alarming menorrhagia, at night, in an unmarried patient. The hemorrhage had begun some twelve hours before, and there had been suspension of the menstrual function for four months, which was ascribed to the patient having "taken cold." A digital examination revealed the presence of an ovum, which extended into the vagina and was removed and placed in a napkin. Although the mother and aunt of the patient were in her room during the whole of the doctor's visit, neither had ever suspected that her illness was due to any other cause than suspended menstruation caused by getting her feet wet.

Abortion was induced by the application of ice over the hypogastrium for twelve hours consecutively. The patient was led to try this expedient by the general belief that a mare would lose her foal if made to ford deep water in winter.

#### Constipation in Children.

Bouchut recommends:

R. Podophyllini.....	gr. j
Alcoholis.....	f 3iss
Syrupi althaeae.....	q.s. ad. f 3iv
M. Sig.—Dose a half teaspoonful in tea a day.	

—*Revue Internationale des Sciences Médicales.*

## NEWS.

—Diphtheria is reported to be epidemic at Rittersville, a village of about two hundred families between Bethlehem and Allentown, Pennsylvania. About forty houses are infected, and a number of deaths have occurred.

—Dr. Manson, an English physician, has been summoned from Hong Kong to take medical charge of the young Emperor of China. This is said to be the first occasion on which a foreign doctor has ever attended a member of the imperial family.

—Dr. Addinell Hewson has been appointed by the Faculty of Jefferson Medical College to lecture to the classes in anatomy, at that institution, during the illness of Prof. William S. Forbes, M. D., who is confined to his home by an attack of erysipelas.

—A congress of physicians and veterinarians will be held in Paris from July 25-31, 1888. Any physician or veterinarian may become a member by registering and paying a fee of ten francs (\$2.00). The subjects for discussion proposed by the committee on organization are:

1. The dangers incident to the use of meat or milk from tuberculous animals, and the way to escape them.

2. The human races, the species of animals, and their organic surroundings in respect to their proneness to tuberculosis.

3. The channels for the introduction and for the propagation in the economy of tuberculous virus, and measures of prophylaxis.

4. Early diagnosis of tuberculosis in man and in animals.

Other subjects may be discussed by members of the Congress, if they choose.

## HUMOR.

MRS. PARTINGTON says her son Ike shall not have a guitar. She says he had it once when he was a baby, and it nearly killed him.

A DOCTOR who wished to sell a horse was asked if the animal was timid. "Not in the least," he answered, "he often spends whole nights alone in the stable."

SIDNEY SMITH was told one day that one of the giraffes at the Zoological Garden had caught a cold. "Just think of it," said he, "an animal with two yards of sore throat!"

A DOCTOR who was prescribing for a patient with rheumatism sent him off with the request: "If this does you any good I wish you would let me know, for I am a great sufferer with rheumatism myself."

## OBITUARY.

## ROBERT A. GIVEN, M.D.

Dr. Robert A. Given, of Burn Brae, Clifton Heights, Delaware county, died Tuesday, January 10, in the 73d year of his age.

## FREDERICK FLETCHER, M.D.

Dr. Frederick Fletcher, a resident of Bradford county, Penna., died suddenly in Wilkesbarre, Thursday, January 18, of paralysis, at the age of 70 years.

## W. B. WILSON, M.D.

Dr. W. B. Wilson, a leading physician of Southern Illinois, died at Flora, January 17. His death was the result of blood-poisoning from malignant carbuncle. Dr. Wilson was for many years the chief surgeon of the Ohio and Mississippi Railway.

## DR. ADOLPH LIPPE.

Dr. Adolph Lippe died on January 23, 1888, at his residence, No. 1204 Walnut street, after a brief illness of three days. Dr. Lippe caught a severe cold which resulted in pneumonia. He had been in feeble health for weeks, and from the first hour of his illness seemed to despair of his recovery. He was one of the best known homœopathic practitioners in Philadelphia. He was seventy-six years old.

## HENRY INSLER, M.D.

Dr. Henry Insler, an old resident and well-known physician of Houghton county, Michigan, died January 18, 1888, at the home of his son in Calumet, at the age of 84 years.

*Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from Jan. 22, 1888, to Jan. 28, 1888:*

Capt. H. G. Burton, Assistant Surgeon, granted leave of absence for one year on S. C. D., to take effect when able to travel. S. O. 19, A. G. O., January 24, 1888.

First-Lieutenant W. W. R. Fisher, Assistant Surgeon, granted leave of absence for one month, on surgeon's certificate of disability. S. O. 4, Dept. Cal., January 20, 1888.

*Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for the week ended Jan. 28, 1888:*

W. A. Wheeler, Passed Assistant Surgeon, granted leave of absence for thirty days. January 24, 1888.

J. H. White, Passed Assistant Surgeon, granted leave of absence for two days. January 26, 1888.

R. B. Watkins, Assistant Surgeon, granted leave of absence for thirty days. January 28, 1888. Designation accepted, to take effect March 15, 1888.

G. T. Vaughan, Assistant Surgeon, appointed Assistant Surgeon, January 25, 1888, vice John Bevan, resigned; assigned to temporary duty at Marine Hospital, Boston, Mass. January 26, 1888.

MED

No. 1615.

THE T  
WIT

Rep

For no  
I have b  
a great v  
treatment  
these me  
surgical  
cious on  
my prac  
tion by  
soon ob  
really no  
dangero  
ity of ca  
out this  
sometim  
use the  
was vio  
tendency  
selves t  
in which

As so  
introdu  
for tha  
the dis  
rhages,  
openin  
parts,  
parts a  
septic  
this m

\* Ap  
of Par